



## Operational Policies and Procedures

Attachment A-I

### Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group Application

Study Group: Fall

Certification Exam: \_\_\_ CPCS and/or \_\_\_ CPMSM

#### Criteria for Participation in Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group:

1. Meets the NAMSS eligibility route for the CPMSM and/or CPCS examination;
2. Made formal application to NAMSS to take the examination (deadline August 10);
3. Completion of Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group application;
4. Assessment fee of \$100 for GAMSS members or \$150 non-members (which includes a GAMSS membership fee). Fall class will be held August 24 & 25 at Medical Doctor Associates, 4775 Peachtree Industrial Blvd #300, Norcross, GA 30092.

For non-members, GAMSS membership application to be completed and submitted along with Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group application

Applicant Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I attest that I have been employed for \_\_\_\_ months, \_\_\_\_ years as a Medical Staff Services/ Credentialing Services professional. I attest that the information provided by me on this application is accurate. I further attest that I will not disseminate, electronically or in hard copy, any materials presented to me during my participation in the Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group, and that I will obey all copyright laws applicable to the NAMSS certification preparation materials used in this Study Group. I recognize that participation in the Study Group does not guarantee passing of the NAMSS certification examination(s).

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

#### Mail or fax this form to the GAMSS Certification Chair:

Karen Claxton, CPCS, CPMSM, FMSP, Director, Medical Staff Operations

Meadows Regional Medical Center Inc, PO Box 1048, Vidalia GA 30475

Phone: 912-535-5894; FAX: 912-535-5457 Email Address: [kclaxton@meadowsregional.org](mailto:kclaxton@meadowsregional.org)

\*This form must be received by the Certification Chair no later than **August 1**. Confirmation of application receipt will be provided once the application and payment have been received.