



National Healthcareer Association

NO Application Fee
Schedule Your Own Exam Dates
Use Your Staff as Proctors

"The Benchmark In Allied Healthcare Certification"

Application for School/Organization Site Approval

Please complete the entire application. **No application fee required.**

Allow only 1 to 2 weeks for the NHA Advisory Board to approve and/or make suggestions.

School/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

School Email (required): _____ School Website: _____

How long has the school been in operation? _____

Your Name: _____ Title: _____

Telephone: _____

Your Email (required): _____

How did you hear about NHA? (please check one)

Internet (search engine/web site) _____ Trade show _____

Literature From NHA _____ Call From NHA _____

Recommended by _____ NHA/ATI Rep _____

Publication (which one) _____

How would your school/organization like to test: (please check)

Online - **(No software needed)**

Paper and Pencil

I would like to learn more about being a Subject Matter Expert for the NHA Professional Education Board.

Yes No Area of Expertise _____

Who is the person(s) responsible for the Allied Healthcare training program?

Name: _____ Title: _____

Phone: _____ Ext.: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Ext.: _____ Email: _____

Who would be the person(s) responsible for scheduling exams?

Name: _____ Title: _____

Phone: _____ Ext.: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Ext.: _____ Email: _____

Any other faculty/instructors NHA should keep in your school file?

Name: _____ Title: _____

Phone: _____ Ext.: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Ext.: _____ Email: _____

(continued, please complete other side →)

Check any of the following programs/courses that are provided by your school/organization.

	Length of Program (# of hours)	Avg. # of students/class	# of times program taught per year
Clinical			
<input type="checkbox"/> Certified Phlebotomy Technician (CPT)	_____	_____	_____
<input type="checkbox"/> Certified EKG Technician (CET)	_____	_____	_____
<input type="checkbox"/> Certified EKG/Certified Phlebotomy Technician (CET/CPT)	_____	_____	_____
<input type="checkbox"/> Certified Clinical Medical Assistant (CCMA)*	_____	_____	_____
<input type="checkbox"/> Certified Medical Laboratory Assistant (CMLA)	_____	_____	_____
<input type="checkbox"/> Certified Operating Room/Surgical Technician (CORST)	_____	_____	_____
<input type="checkbox"/> Certified Patient Care Technician/Patient Care Associate/Nurse Technician (CPCT/PCPA/CNT)*	_____	_____	_____
<input type="checkbox"/> Certified Mental Health Technician (CMHT)	_____	_____	_____
<input type="checkbox"/> Certified Pharmacy Technician (CPhT)	_____	_____	_____
Administrative			
<input type="checkbox"/> Certified Electronic Health Record Specialist(CEHRS)	_____	_____	_____
<input type="checkbox"/> Certified Billing & Coding Specialist (CBCS)	_____	_____	_____
<input type="checkbox"/> Certified Medical Transcriptionist (CMT)	_____	_____	_____
<input type="checkbox"/> Certified Medical Administrative Assistant (CMAA)	_____	_____	_____
<input type="checkbox"/> Certified Billing & Coding Specialist/ Certified Medical Administrative Assistant (CBCS/CMAA)	_____	_____	_____
Instructor			
<input type="checkbox"/> Certified Healthcare Instructor (CHI)	_____	_____	_____

*Exam includes Phlebotomy and EKG

Other _____

If your school/organization is not running any of the above programs please contact NHA for curriculum development at NO Cost.

Exam Fee Options: please select one

- Built into school tuition
- Prepaid Voucher (bulk discounts available)
- Invoice/Purchase Order
- Preregistration on NHA online Application (mail in with payment option)
- Students Preregistration

Please give approximate exam schedule with estimate number of students, dates and time. In order to successfully add your dates to the NHA exam calendar all fields must be complete.

Estimate # Students	Date of Exam Month/Day/Year	Time	Testing For
	/ /	AM PM	
	/ /	AM PM	
	/ /	AM PM	
	/ /	AM PM	
	/ /	AM PM	
	/ /	AM PM	

Enclosed for the Advisory Board to review:

- NHA application completed in full
- Curriculum for program seeking approval
- Copy of State/ Board of Education approval(s)

Upon approval your organization/school will receive:

- A Certificate of Approval ■ Letter of Approval ■ Confirmation of Exam Schedule ■ NHA Literature
- Posters (with Exam Schedule) ■ Registration Forms ■ Bi Monthly eNews (email required)

School Official, Print Name and Title

School Official Signature

Date

NHA/ATI Sales Representative

Date

The NHA reserve the right to suspend or revoke any approved testing site, based on the compromise of NHA exams, regulations, standard or practices.

Mail this Application to: National Healthcareer Association - Headquarters

7 Ridgedale Ave, Suite 203, Cedar Knolls, NJ 07927

Phone: (973) 605-1881 (800) 499-9092 Fax: (973) 644-4797 www.NHANOW.com email: info@NHANOW.com

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