

***HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION
NEW JERSEY CHAPTER***

Policy: B10

Title: Reimbursement of Certification Exam Fees

Date Approved by the Board of Directors: December 9, 2008

Last Reviewed: November 11, 2008

Most Recent Revision: December 9, 2008

Effective Date: January 1, 2009

Policy: Upon becoming designated as an HFMA Certified Healthcare Financial Professional (CHFP), the NJHFMA Board of Directors will reimburse NJ Chapter members for applicable certification related fees. Reimbursable fees include the testing fees for the Core Exam and one Specialty Exam, CHFP application fee, and Local Technical fees. NJHFMA sponsored certification exam study courses will also be eligible for reimbursement.

Purpose: The Board wishes to encourage members to become Certified Healthcare Financial Professionals (CHFP), and ultimately Fellows, in HFMA by reducing the financial burden associated with achieving these designations.

Procedure: Any member seeking reimbursement for the fees described above must complete a Certification Rebate Application form. The applicant must submit the signed application, a copy of their confirmation letter from National, and all related receipts, to the Chapter Administrator. The Chapter Administrator will verify accuracy of the paperwork, and forward paperwork on to the Treasurer for processing. Reimbursement will be made to the member, or to the member's employer, based upon the source of the original payment.



CERTIFICATION REBATE APPLICATION

Name _____

Mailing Address _____

I hereby request reimbursement for the following HFMA Certification related expenses:

Check Applicable Exams Successfully Completed (Core +1 Specialty maximum):

- HFMA Core Exam Application Fee \$125
- Accounting & Finance Specialty \$125
- Managed Care Specialty \$125
- Patient Financial Services Specialty \$125
- Physician Practice Specialty \$125

Check other reimbursable expenses:

- HFMA CHFP Application Fee \$75
- Local Technical Fee (for Saturday testing) \$50
- NJ HFMA Preparation Study Course \$100

Total Reimbursement Requested:

I certify that I passed the test(s) indicated above and the related expenses were either paid by me or my employer. I certify that all of the information on this form is accurate.

Signature of Candidate Date

Please make check payable to: _____
(You or your employer, whoever paid the fees originally.)

Please attach all receipts and your confirmation letter from National.

Mail to: Laura Hess, NJHFMA Chapter Administrator, P.O. Box 6422, Bridgewater, NJ 08807