



ROCC Application to Sit For the ROCC® Exam

Name: _____

First
Middle
Last
(Suffix/Credentials)

Please provide permanent contact information. The ROCC® designation belongs to you and not a company, therefore we may need to contact you to provide ROCC® updates to you.

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Name of Employer/Facility: _____

Work Address: _____

Work Phone: _____ Fax: _____

Email Address: _____

Title/Position: _____

I would prefer for mailings to be sent to (please circle one): **home** or work

Date and Location of exam to be taken:

Date: _____ Location: _____

If exam is offered in conjunction with a seminar please check here: _____

If the exam is not part of a seminar, please attach documentation of 6 ROCC® CEUs.

In sitting for the ROCC® Exam, I understand that I can use the following coding books: ICD-9, HCPCS, and CPT. I can also use the ASTRO/ACR Guide to Radiation Oncology Coding, ROCC® Study Guide and books I receive as part of an AMAC® seminar. I understand I cannot share books with anyone else taking the exam. I understand that my examination fee is nonrefundable. I have included the signed Rules and Regulations form with my application.

 Signature _____
 Date