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 <u>is</u> offered in conjunction with a seminar please check here:____
If the exam <u>is not</u> 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-10, 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**

Your application may be mailed to: AMAC, P.O. Box 72543, Marietta, GA 30007-2543, faxed to 770-693-6030, or emailed to rocc@amac-usa.com.