



AACCA RN-Coder/RN-Auditor Examination Agreement

Please sign and fax to: 909-680-3157. This Agreement must be received prior to you receiving your "Invitations to Test" from the www.WizIQ.com website which launches and scores the AACCA certification examinations.

These are requirements that must be met in order to qualify for testing. Please read the information below carefully. If you have any questions or concerns regarding this information, contact the AACCA examination department at 909-579-0507.

1. I understand in order for this examination registration to be complete, the registration process must be completed online. IF online registration is not possible the paper application can be mailed, faxed, or emailed at least 10 business days prior to my proposed examination date.
2. I understand my examination payment will be processed whether or not my application is accepted, and it may be applied to a future examination date.
3. I understand my registration will not be processed if I have any unpaid balances with AACCA or my membership is not current.
4. I understand if I cancel my examination registration less than 14 days prior to my examination date, I will be charged \$25.00 for a late cancellation fee. I also understand if I do not take my examination when I have asked for it to be schedule and haven't cancelled my registration, I will be charged a \$50.00 no show fee. Until this fee is received, I will not be allowed to schedule for exam date.
5. I understand my examination fee is nonrefundable and nontransferable and must be used within one year of purchase date or payment will be forfeit.
6. Upon approval of application, I will receive a confirmation via email. I understand if an "invitation to test" is not received, I may not be registered for the examination, and an exam may not be sent to the proctor. I understand I should receive 4 "invitations to test," one for each section of the AACCA certification exam I have applied to take.
7. I understand I am strongly encouraged to bring current editions of the CPT® (AMA Standard or Professional version only), ICD-9-CM, and HCPCS Level II manuals. I understand no other reference material besides officially published errata update sheets for these manuals may be used and manuals may not be shared. Furthermore, if I do not have the current manuals, I understand I will be at a disadvantage. FOR THE NEW RN-CODER ICD-10 EXAM, I UNDERSTAND I SHOULD HAVE A COPY OF THE "DRAFT" ICD-10-CM AND THE ICD-10-PCS CODING MANUALS.



AACCA RN-Coder/RN-Auditor Examination Agreement

8. I understand my books are subject to examination by the proctors. Tabs may be inserted, taped, pasted, glued, or stapled in the manuals so long as the obvious intent of the tab is to earmark a page with words or numbers, not supplement information in the book. I also understand no other materials may be inserted, taped, glued, or stapled in my books. Writing is allowed in the manuals. Handwritten notes are acceptable in the coding books only if they pertain to daily coding activities. Questions from the Study Guides, Practice Exams or the Exam itself are prohibited. ALL AACCA ONLINE CERTIFICATION EXAMS ARE PROCTORED AT A "LIVE" CLASS, OTHERWISE "TIME" IS THE PROCTOR since the exam "turns off" automatically. You will have 2 hours in which to completed each 50-question section of any AACCA certification examination.
9. I understand exams are updated annually (by March 1st) and reflect current calendar year codes.
10. AACCA is not responsible for lost examinations. I understand the exams are delivered from the www.WizIQ.com website. To avoid losing your test answers due to any unforeseen or accidental internet interruption, I agree to write down all of my answers for each section of the exam I am taking.
12. I understand in order to receive exam results I must have a current membership and results will be emailed to me with the official result documents being mailed within two to four weeks.
13. I understand all examinations are the sole property of AACCA and will not be returned to me. All test items are the copyrighted intellectual property of the American Association of Clinical Coders & Auditors, Inc.
14. I understand in order to maintain my certification, I must renew my membership annually with AACCA, pay any late fees that may apply, and submit the required continuing education units (CE contact hours) every two years.
15. I understand all examination materials are the sole property of AACCA and all information contained therein is strictly confidential. Additionally, no part of the examination may be reproduced, stored in a retrieval system, or transmitted in any form, or by any means—graphically, electronically, verbally, or mechanically, including photocopying, recording, or taping, without expressed written permission from the publisher. If this proprietary information is disclosed, I understand that such disclosure would constitute a violation of copyright laws and my certification will be revoked.
16. I hereby certify I have read, understand, and agree to abide by AACCA's Code of Ethics. If this code is violated as determined by the discretion of AACCA, at anytime thereafter, may result in the loss of all credentials conferred upon me by AACCA and of my membership with AACCA.



AACCA RN-Coder/RN-Auditor Examination Agreement

17. I understand all exams go through the same quality checks and same electronic grading process to ensure the accuracy of the final score. I understand the AACCA does not hand score individual examinations.

18. I understand that if I have received a score of 66-68% on a particular section of any AACCA examination, I may request to receive a test-item review and may have those points restored to my overall score.

I have read and understand the above information and agree to adhere by these guidelines. I understand any rules are not followed can, and may, result in disqualification of the examination and decertification, as well as forfeiture of any monies invested. Additionally, disclosure of proprietary information may result in civil and/or criminal prosecution at the discretion of AACCA with reporting to your state nursing licensing board.

Candidate signature: _____

Date: _____