

CERTIFIED CARDIOVASCULAR KNOWLEDGE EXAMINATION

For NPs/PAs Practicing in the U.S.



GROUP REGISTRATION FORM

Institution/Organization Name		Contact Person's Name	
Street Address	City	State	Zip Code
Office Phone	Contact Person's Phone	Contact Person's E-mail	

Registration Fees (Per Registrant)	
Rate Type	Fee
Member	\$299
Non-Member	\$399

Application fees are waived when more than three people register from the same institution. All applicants must be listed at the time of group registration; registrants added after group submission will be charged the \$25 application fee.

List each applicant below or attach a list/spreadsheet. Each person listed on the form will receive an email informing them that the application fee has been waived and that they should proceed with updating his/her application materials.

Group Registrants						
	Last Name	First Name	NP or PA	Email	Member (M) or Nonmember (N)	Registration Fee
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

Payment Information: Payment must accompany the registration form; only one form of payment permitted for the entire group.

- Check** (payable to: American College of Cardiology in U.S. dollars drawn on a U.S. bank). American College of Cardiology Foundation, PO Box 37561, Baltimore, MD 21297-0231. Payment must be received before the exam.
- To pay by ACH/Wire transfer, ACCF will provide you with an invoice and instructions.
- Credit Card** MasterCard VISA American Express Discover

Cardholder's Name	Signature
Card Number	Expiration Date
	Security Code

To submit this form or for questions, contact Brenda Hindle at bhindle@acc.org.