National Organization of Rheumatology Management

2026 CRHC Exam Applicant

First Name:_____ Last Name: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

Mailing Address: _____

Practice Name: _____

I have read the AAPC Certified Rheumatology Coder (CRHC) Proctored Certification Test Pre-Conference Event brochure and agree to participate in the AAPC/CHRC review sessions and exam. I understand if I am unable to take the test or do not meet the 80% attendance requirements, I cannot transfer this class to another staff member and my practice may be responsible for the cost of materials which is approximately $800. Also, once I receive my acceptance email, I will respond within 5 business days with my AAPC member number, AAPC user name and password to allow NORM to purchase the exam and study guide. Finally, I understand it is my responsibility to inform NORM of my assigned AAPC CRHC exam testing date once assigned and my exam outcome once the score is posted.

_____ _____

Attendee Signature Date

Manager Approval

I am the manager for the above student and have reviewed the guidelines and approve _____ to participate in the review sessions and exam.

_____ _____

Signature – Manager Date

If you have additional questions regarding the course, please contact NORM Executive Director, Andrea Zlatus at andrea@normgroup.com or NORM President, Michelle Owen at michelle.owen@arapb.com

Limited spots available! RETURN FORM to krock@rockmedicalconsulting.com AND send a text to 361-510-9726 who will confirm receipt of your request to join the class.