

# AMERICAN CERTIFICATION AGENCY

## GUIDELINES FOR ADMINISTERING A CODING CERTIFICATION EXAMINATION ON SITE

### Qualifications for a Proctor

1. The certification exam must be proctored by an instructor, Coding Manager or Medical Records Supervisor, knowledgeable of current coding practices.
2. The proctor must provide proof of performing coding by submitting copies of certifications, curriculum vitae, and one reference letter.
3. It is preferred that the proctor be a certified medical practice coder.

### Site Requirements:

1. A quiet, comfortable room that can be used for at least 2½ hours with no interruptions. A small conference room is ideal with the ability to seat no more than 2 people per 8 foot table.
2. The proctor must stay in the room the entire time the applicant is taking the written examinations.
3. Examinations must be returned to the American Certification Agency via a traceable means, e.g., certified mail, UPS, Fed Ex, no later than two days after the exam is taken.

### Please PRINT information requested:

PROCTOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
PROCTOR SS # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ EMAIL \_\_\_\_\_  
YEARS PERFORMING CODING \_\_\_\_\_ CERTIFIED BY \_\_\_\_\_ CERTIFICATION # \_\_\_\_\_  
EXAM FACILITY: \_\_\_\_\_ PROCTOR TELE #: \_\_\_\_\_  
EXAM ADDRESS: \_\_\_\_\_ EXAM DATE: \_\_\_\_\_  
\_\_\_\_\_  
EXAM TIME: \_\_\_\_\_  
PROCTOR FAX # \_\_\_\_\_  
CONTACT PERSON (SUPERVISOR, MGR, DTR) : \_\_\_\_\_ TITLE: \_\_\_\_\_  
CONTACT PERSON TELE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
SEND EXAM TO (NAME): \_\_\_\_\_  
@ THIS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

### The information provided must be verified by the proctor's Director, Manager or Supervisor

Lab Dtr, Mgr or Supervisor: \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

DATE INFORMATION SUBMITTED: \_\_\_\_\_

MAIL OR FAX COMPLETED FORM TO:

AMERICAN CERTIFICATION AGENCY  
P.O. BOX 58, OSCEOLA, IN 46561  
PHONE: (574) 277-4538 FAX: (574) 277-4624