

TRAIN FOR HIPAA/CHSP

Course & Exam Registration Form

1: PLEASE COMPLETE THE FOLLOWING

Name of Registrant _____
Title _____ Name of Organization _____
Mailing Address _____
City _____ State _____ Zip _____
Phone () _____ Fax () _____ E-mail _____

2: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the conference registrar at the address below, or fax your credit card payment to 858-228-1743.

Check/money order enclosed (make checks payable to Train for Compliance)

Credit card: American Express Visa MasterCard

Account Number: _____ Expiration: ____ / ____

Name of Cardholder: _____

Signature of Cardholder: _____

3: REGISTRATION SUBMISSION

Please return your application and full payment by: Fax 858-228-1743 Phone: 888-596-0933. Please make checks payable to Train for Compliance. Or mail this form with correct enrollment fee (U.S. funds) to: Registrar, 11058 Virgo Place, San Diego, CA 92126

For more information: Call 888-596-0933 or send e-mail to registration@TrainforCompliance.com or visit www.TrainforCompliance.com.

Upon completion of registration, you will receive an e-mail with your login/password and instructions on how to begin taking your course(s).

4: COURSE & EXAM REGISTRATION

HIPAA PROFESSIONAL CERTIFICATION: CERTIFIED HIPAA SECURITY PROFESSIONAL COURSES

- | | |
|---|----------|
| <input type="checkbox"/> 21001. CHSP: INTRO: WHAT IS HIPAA, HIPAA FRAMEWORK (TIPS) - \$95 | \$ _____ |
| <input type="checkbox"/> 21002. CHSP: HIPAA (CIVIL) ENFORCEMENT RULE, COMPLIANCE AND PREEMPTION - \$95 | \$ _____ |
| <input type="checkbox"/> 21003. CHSP: HIPAA PRIVACY, NOTICE, CONSENT & AUTHORIZATIONS - \$95 | \$ _____ |
| <input type="checkbox"/> 21004. CHSP: HIPAA SECURITY OVERVIEW - \$95 | \$ _____ |
| <input type="checkbox"/> 21005. CHSP: HIPAA SECURITY - PHYSICAL AND TECHNICAL SAFEGUARDS - \$95 | \$ _____ |
| <input type="checkbox"/> 21006. CHSP: HIPAA SECURITY - ADMINISTRATIVE SAFEGUARDS - \$95 | \$ _____ |
| <input type="checkbox"/> 21007. CHSP: HIPAA SECURITY - ORGANIZATIONAL, POLICY, PROCEDURE, AND DOCUMENTATION REQUIREMENTS - \$95 | \$ _____ |
| <input type="checkbox"/> 21008. CHSP: HIPAA OFFICIALS AND PLANNING FOR COMPLIANCE - \$95 | \$ _____ |
| <input type="checkbox"/> ALL 8 CHSP COURSES (21001-21008) - \$595 (SAVE \$165) | \$ _____ |

CERTIFIED HIPAA SECURITY PROFESSIONAL CERTIFICATION EXAM

- | | |
|--|----------|
| <input type="checkbox"/> CHSP CERTIFICATION EXAM - \$450 | \$ _____ |
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TOTAL: \$ _____