



Certified Practice Manager Study Guide Order Form

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Printed copy mailed to you in a binder \$100.00

CHECK ONE: Please mail related material to: Practice Address Home Address

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EXPERIENCE REQUIRED FOR EXAM, BUT NOT FOR THE CPM STUDY GUIDE - You must be currently employed as a medical office manager or have previous experience as a medical office manager where you have performed a scope of duties that qualify as a medical office manager for a minimum of one year. I am actively employed as a medical office manager or I have previous experience: YES NO

****PLEASE NOTE**** - You may qualify to take the CPM exam with educational experience as well. Please notify POMAA at education@pomaa.net if you would like more information.

Number of years experience as a medical office manager _____.

I understand what is required of me to take the CPM exam and therefore I agree to the purchasing requirements of the study guide.

SIGNATURE: _____ DATE: _____

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