



Certified Practice Manager Exam Order Form

Member's Name: _____
POMAA Member #: _____ Practice Name: _____
Practice Specialty: _____
Address: _____ City/State/Zip: _____
Practice Fax #: _____ Phone #: _____

What version of the CPM exam are you purchasing?

- Online Exam \$275.00 Email Address: _____
- Classroom Exam \$275.00 Testing Location: _____

EXPERIENCE REQUIRED - You must be currently employed as a medical office manager, performing 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: YES NO
Number of years experience as a medical office manager _____.

If you have not been employed by the above organization for one year, provide your previous employer's name and phone number:

I understand what is required of me to take the CPM exam.

SIGNATURE: _____ DATE: _____

- Method of Payment: Check Money Order Credit Card
 Visa Master Card Amex Discover

Credit Card Information (All information must be completed):

Card Holder's Name: _____
Last First MI
Credit Card Number: _____ Expiration Date: _____
MM/YY

CCS Number: _____
3 digit # on the back of a Visa or MasterCard
4 digit # on the front of an America Express Card

Credit Card Holder's Signature: _____

Please mail or fax completed form to: