



INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

ICHCC Application Form for the
Medicare Set-aside Certified Consultant Credential

Name: _____, First _____ MI _____

Business Address: _____

City State & Zip _____, _____

Business Telephone: (____) _____ Business Fax: (____) _____

E-mail Address: _____

Mailing Address (if different from above):

City: _____, State: _____, Zip: _____

1. Education

Please attach a copy of your educational degree(s) and any other credential you wish to have recognized by the Commission.

Education Degree (Letter Designation):

Bachelors _____

Nursing _____

Masters _____

Doctoral _____

Other (Explain on Back) _____

Education Institution:

Masters _____

Doctoral _____

2. ** Continuing Education Units/Training Related to MSA

**Applicants must attend a training program/course relating to MSA. A minimum number of training hours accepted for the initial application is 30, with 15 hours of CEUs every 3 years thereafter for renewal of the MSCC credential. If you are applying for the MSCC credential as a graduate of one of the ICHCC pre-approved 30-hour training programs in Medicare Set-aside arrangements/trusts, please attach a copy of your certificate of completion.

a) Program Title: _____

Date Attended: _____

Number of Units Awarded: _____

Awarding Board Name: _____

b) Program Title: _____

Date Attended: _____

Number of Units Awarded: _____

Awarding Board Name: _____

c) Program Title: _____

Date Attended: _____

Number of Units Awarded: _____

Awarding Board Name _____

d) Program Title: _____

Date Attended: _____

Number of Units Awarded: _____

Awarding Board Name _____

e) Program Title: _____

Date Attended: _____

Number of Units Awarded: _____

Awarding Board Name _____

(Use Back if Necessary)

3. Experience:

Current Occupational Title: _____

Years Employed in Current Title: _____

Experience in MSA Consultation Service Delivery

Please describe your exposure/experience in developing Medicare Set-aside Arrangements, whether as a consultant or as a primary negotiator using the back of this page

4. Test Administration

The MSCC examination is administered on a proctor-honor system. The advantages of this system over a “group-administration” format is that you may choose the time and place of the test, and you may take it at your leisure without incurring any of the travel and accommodation costs associated with the group administration format. We ask that your proctor be an employee of a community college, college, university, a public library, or a Sylvian Learning Center in your local area. The grading of your test is immediate, and you will know your score before you leave the testing site.

**THE PROCTOR YOU CHOOSE MUST BE FROM A
COMMUNITY COLLEGE, COLLEGE, UNIVERSITY,
OR PUBLIC LIBRARY**

Name: _____

Professional Title: _____

Location and Address: _____

Proctor’s Phone Number: _____

Proctor’s E-mail: _____

**Scheduled Exam Date:

**** If the exam date is changed, the ICHCC office must be notified of the change and the reason for the change prior to the initial exam date.**

5. Testing/Review Fees:

Please attach a check or money order made payable to **ICHCC** totaling **\$445**. If you have not had one of your MSA allocation/trust peer-reviewed by the training program from which you obtained your 30 hours of MSA training, please submit an additional **\$250** to have it reviewed by the ICHCC MSCC Commissioners. Please forward your notice for testing and payment to:

The International Commission on Health Care Certification (ICHCC)
13801 Village Mill Drive
Suite 103
Midlothian, VA 23113
Phone Number: (804) 378-7273
Fax: (804) 378-7267

***PLEASE PRINT YOUR NAME AND CREDENTIALS EXACTLY ON THE LINE BELOW AS
THEY SHOULD APPEAR ON YOUR CERTIFICATE***

Name/Credentials on Certificate

Please enclose your curriculum vitae with your returned application and testing fee. Your vitae will be placed in our files for future reference and documentation of your certification status, specialty area and background should we receive inquiries for such information, which happens frequently in litigation cases.

Please do not forget to include a sample Medicare Set-aside Trust/Allocation that you have authored or co-authored either through your training course requirements or through your practice. If submitting an allocation from your practice, please ensure that it is well sanitized of identifying markers related to physicians, attorneys and the disabled individual.

Please allow 10 days for processing your application.