



*Academy of Medical Professions*  
*Transcription Associates, Inc.*  
*Brunswick Business Center*  
*18 Pleasant Street, Suite 210; Brunswick, ME 04011*  
*www.academyofmedicalprofessions.com*  
*1-866-516-8274 . 207-721-0714 . 207-449-1242 (fax)*

## **ICD-10-CM BOOT CAMP for MEDICAL CODERS**

Be ready for ICD-10-CM with the ICD-10-CM Boot Camp! This weekend boot camp provides an introduction to ICD-10-CM coding and helps to translate your knowledge of ICD-9-CM coding to the new code set.

Expert insight, engaging learning and interactive exercises prepare you for the transition to ICD-10-CM. In addition, a printed Certificate of Completion enables you to prove your ICD-10-CM proficiency to employers and **earn 4 Continuing Education Units (CEUs) from the American Association of Professional Coders (AAPC) and 5 CEUS from the American Health Information Management Association (AHIMA)!!**

This weekend boot camp will take place on one Saturday every month beginning February 2012 at various locations. The class will run from 8 a.m. to 5 p.m. with a 1 hour break for lunch.

**This course is for current CPC or CCA credential holders.**

## ENTRANCE REQUIREMENTS

All participants must currently have certification/credentials as a CPC or CCA.

## ATTENDANCE POLICY

All participants must complete the boot camp and remain in the classroom for the entire 8 hours to receive a Certificate of Completion.

## REFUND POLICY

You may terminate the Enrollment Agreement any time up to 48 hours prior to the start of boot camp. To do so, you must inform **the school, not the instructor in writing**. Termination will become effective upon receipt of the written notice. Full refund will only be issued 48 hours prior to the start of the course. If you terminate enrollment within 48 hours of the start of the course, refund will be 50% of course fee.

Should a weekend boot camp be postponed due to lack of enrollment, your course payment will be applied to the next available class. If you cannot attend the next available class, your enrollment fee will be refunded in its entirety.

### ICD-10-CM Boot Camp Schedule

Brunswick	8 a.m. to 5 p.m.	Saturday, February 11, 2012
North Berwick	8 a.m. to 5 p.m.	Saturday, March 10, 2012
Auburn	8 a.m. to 5 p.m.	Saturday, April 14, 2012
Brunswick	8 a.m. to 5 p.m.	Saturday, May 19, 2012
North Berwick	8 a.m. to 5 p.m.	Saturday, June 16, 2012
Brunswick	8 a.m. to 5 p.m.	Saturday, July 14, 2012
North Berwick	8 a.m. to 5 p.m.	Saturday, August 11, 2012



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**ICD-10-CM BOOT CAMP Enrollment Agreement**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

E-MAIL: \_\_\_\_\_

LOCATION ATTENDING \_\_\_\_\_ DATE \_\_\_\_\_

SECOND LOCATION CHOICE \_\_\_\_\_ DATE \_\_\_\_\_

**PAYMENT METHOD**

**\*\*\*\*Please make checks payable to the Academy of Medical Professions\*\*\*\***

- **PLEASE SEND ALL REGISTRATION FORMS TO BRUNSWICK, MAINE OFFICE**
- **ALL REGISTRATION FORMS NEED TO BE IN 2 WEEKS PRIOR TO BEGINNING OF CLASS START DATE OR CALL FOR AVAILABILITY**

\_\_\_\_\_ PAYMENT OF \$400 INCLUDES COST OF PROGRAM AND ALL MATERIALS  
NEEDED TO COMPLETE COURSE

**CONTRACT AGREEMENT**

I, \_\_\_\_\_ hereby agree to the above mentioned terms of the  
program. I have read and understand the **REFUND POLICY** for his course and agree to  
its terms:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_