



THE NATIONAL INSTITUTE FOR HEALTH CARE FRAUD PREVENTION

# NATIONAL EDUCATION & TRAINING SERIES

## Virtual Education & Training Program Policies & Information

### WAYS TO REGISTER

#### Online

Online via secure transactions.  
Have an American Express,  
Discover, MasterCard, or Visa  
card available

[nhcaa.org/VirtualPrograms](http://nhcaa.org/VirtualPrograms)

#### Email

Email your registration form  
(completed PDF file) along with  
any necessary purchase order.

[training@nhcaa.org](mailto:training@nhcaa.org)

#### Mail

Mail completed form along with  
payment information.

**The NHCAA Institute  
Registration**

**1220 L Street NW, Suite 600  
Washington, DC 20005**

#### Secure Fax

Fax the completed form  
along with credit card payment  
information or purchase order.

**202.785.6764**

*Registration forms can be faxed or  
emailed ONLY if:*

- *paying by American Express,  
Discover, MasterCard, Visa,  
accompanied by a Purchase Order or*
- *Tuition-Free.*

### MEMBER TUITION-FREE REGISTRATIONS

The Membership Forum Representative from each organization will designate tuition-free registrations. Check with your representative for availability.

- ▶ NHCAA Member Organizations, Affiliate Members, and National Government Liaisons can designate two (2) tuition-free registrations per In-Person NETS program.
- ▶ Platinum Supporting Members can designate one (1) tuition-free registration per In-Person NETS program.
- ▶ State-based Government Liaisons receive five (5) tuition-free registrations (limit 2 per program) to designate throughout the year at virtual trainings.

### CANCELLATION/SUBSTITUTION

All cancellations (regardless of date) will be processed with at \$50.00 administrative fee.

- ▶ All written notice of cancellations and substitutions should be sent via email to The Education & Training team, at [training@nhcaa.org](mailto:training@nhcaa.org).
- ▶ **Before cut-off date** — To cancel and obtain a full refund (minus an administrative fee) or to request a substitution, you must provide written notice to [training@nhcaa.org](mailto:training@nhcaa.org).
- ▶ **After cut-off date** — If you cancel in writing after the cut-off date, no refund will be provided but credit for future training is available. All substitution requests received after the cut-off date will be charged a \$50.00 administrative fee.

**For program descriptions and  
registration information please visit:**

[nhcaa.org/programs](http://nhcaa.org/programs)

### QUESTIONS?

**Email [training@nhcaa.org](mailto:training@nhcaa.org)**



# ACCREDITED HEALTH CARE FRAUD INVESTIGATOR PREP COURSE

## AHFI® Prep Course

- ▶ AHFI exam requires separate application\*
- ▶ The AHFI application is available for download at [www.nhcaa.org/ahfiappreqs](http://www.nhcaa.org/ahfiappreqs).

### REGISTRANT INFORMATION

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. Nickname \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Degree ☐ MD ☐ DO ☐ PHD ☐ RN ☐ JD Designation \_\_\_\_\_

Organization \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email (Required) \_\_\_\_\_

### PROGRAM SELECTION

Program-Virtual Training / July 1 - 30, 2021	Tuition-Free	NHCAA Member <sup>1</sup>	Government <sup>2</sup>
AHFI® Prep Course	<input type="checkbox"/> \$0	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425

Amount Enclosed \$ \_\_\_\_\_

### PAYMENT INFORMATION

☐ Check (Check Enclosed) Credit Card: ☐ AmEx ☐ Discover ☐ MC ☐ Visa ☐ Purchase Order #: \_\_\_\_\_

Credit Card Account # \_\_\_\_\_ Exp \_\_\_\_\_

Cardholder Name (Print) \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- ▶ Register online [www.nhcaa.org/ahfiprep](http://www.nhcaa.org/ahfiprep) or complete this form & return with your payment to:  
The NHCAA Institute-NETS Registration / 1220 L Street NW / Suite 600 / Washington, DC 20005 / Fax: 202.785.6764
- ▶ See the AHFI registration page for specific cancellation/substitution deadlines.

\*Must be an employee of a NHCAA Member Organization, Affiliate, Premier or Supporting member to attend. 1. Member Rate applies to all NHCAA Member Organizations, Affiliate Members, Individual Members, Platinum, Premier Supporting Members and Supporting Members. 2. Government Rate applies to NHCAA Government Liaisons and other attendees from local, state and federal public agencies.