



# AHFI®

ACCREDITED  
HEALTH CARE  
FRAUD  
INVESTIGATOR

*AHFI® is a unique professional designation granted by the National Health Care Anti-Fraud Association to individuals who meet qualifications related to professional experience, specialized training, formal education and demonstrated knowledge in the detection, investigation or prosecution of health care fraud.*

## APPLICATION FOR ACCREDITATION

Name \_\_\_\_\_

Maiden Name , if Applicable \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_

Address for NHCAA Contact (  Office or  Home )

Address \_\_\_\_\_

Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

I attest that all information and supporting documentation that I provide in this application is true, and I authorize its independent verification by NHCAA.

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



# I PROFESSIONAL EXPERIENCE

Applicants must meet one of the following professional experience criteria. Check which one:

- A minimum of five (5) years working in health care fraud detection and investigation as an employee of an organization eligible for NHCAA membership or a government agency; **OR**
- A minimum of three (3) years working in health care fraud detection and investigation as an employee of an organization eligible for NHCAA membership or a government agency **PLUS** a minimum of three (3) years of non-health care fraud investigative experience; **OR**
- A minimum of at least two (2) years working in health care fraud detection and investigation as an employee of an organization eligible for NHCAA membership or a government agency **PLUS** a minimum of five (5) years of non-health care fraud investigative experience.

Beginning with your current position, please describe the positions, and years of experience in each, that you wish to submit as qualifying experience. If you need additional space, you may duplicate the final page of this section and attach to your application.

Incomplete applications will be returned to the applicant.

1. \_\_\_\_\_ years, from (mo./yr.) \_\_\_\_\_ to Present

Position \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Description of Duties \_\_\_\_\_

Direct Supervisor's Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

2. \_\_\_\_\_ years, from (mo./yr.) \_\_\_\_\_ to \_\_\_\_\_ (mo./yr.)

Position \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Description of Duties \_\_\_\_\_

Contact person to verify employment \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Was this person a direct supervisor?



## II CONTINUING PROFESSIONAL EDUCATION

▶ **New Requirement: Sixty (60) hours of anti-fraud continuing education in the last five (5) years, subject to NHCAA approval. Twenty-four (24) of those hours must be NHCAA Continuing Professional Education (CPE) credits.**

Follow these guidelines to accurately complete this application. Incomplete applications will NOT be reviewed.

1. Itemize the programs/courses/classes that you wish to submit as qualified training.
2. All information must include proof of training.
  - a. For NHCAA training, attach the NHCAA training transcript.
  - b. For non-NHCAA trainings, an agenda from the program including topics covered, time per topic, and evidence of course completion is required (e.g., certificate of attendance).
3. If you need additional space, duplicate the final page of this section and attach to the application.
4. Enter total number of hours at the bottom of each page and in the summary.

### What's accepted?

- Non-NHCAA trainings with learning objectives and educational goal that enhance the health care fraud investigation, detection, or prosecution skills of the investigator.
- Non-NHCAA trainings include clinical coding classes, NHCAA approved software (e.g., Tableau, anti-fraud or excel) classes, and training by other health care organizations designed to improve investigative skills.
- Qualified trainings also include courses or class where you were the instructor. Applications must include the agenda, or outline. Instructor must be the creator or co-creator of the content and program. Only the first training will be counted. Additional trainings will not be counted.

### What isn't accepted?

- General mandatory training, college courses, task force meetings, and staff meetings will not count as qualified training.

1. Program/Course/Training \_\_\_\_\_

\_\_\_\_\_

Student    Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) \_\_\_\_\_

Date(s) \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Verification (check all that apply):    NHCAA Training Transcript    Certificate Copy/Other Documentation

▶ **Number of Credits on this page** \_\_\_\_\_



2. Program/Course/Training \_\_\_\_\_

Student  Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) \_\_\_\_\_

Date(s) \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Verification (check all that apply):  NHCAA Training Transcript  Certificate Copy/Other Documentation

3. Program/Course/Training \_\_\_\_\_

Student  Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) \_\_\_\_\_

Date(s) \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Verification (check all that apply):  NHCAA Training Transcript  Certificate Copy/Other Documentation

4. Program/Course/Training \_\_\_\_\_

Student  Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) \_\_\_\_\_

Date(s) \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Verification (check all that apply):  NHCAA Training Transcript  Certificate Copy/Other Documentation

▶ Number of Credits on this page \_\_\_\_\_



5. Program/Course/Training \_\_\_\_\_

Student  Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) \_\_\_\_\_

Date(s) \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Verification (check all that apply):  NHCAA Training Transcript  Certificate Copy/Other Documentation

6. Program/Course/Training \_\_\_\_\_

Student  Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) \_\_\_\_\_

Date(s) \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Verification (check all that apply):  NHCAA Training Transcript  Certificate Copy/Other Documentation

7. Program/Course/Training \_\_\_\_\_

Student  Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) \_\_\_\_\_

Date(s) \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Verification (check all that apply):  NHCAA Training Transcript  Certificate Copy/Other Documentation

▶ Number of Credits on this page \_\_\_\_\_



8. Program/Course/Training \_\_\_\_\_

Student  Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) \_\_\_\_\_

Date(s) \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Verification (check all that apply):  NHCAA Training Transcript  Certificate Copy/Other Documentation

9. Program/Course/Training \_\_\_\_\_

Student  Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) \_\_\_\_\_

Date(s) \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Verification (check all that apply):  NHCAA Training Transcript  Certificate Copy/Other Documentation

10. Program/Course/Training \_\_\_\_\_

Student  Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) \_\_\_\_\_

Date(s) \_\_\_\_\_

Number of Training Hours \_\_\_\_\_

Verification (check all that apply):  NHCAA Training Transcript  Certificate Copy/Other Documentation

▶ Number of Credits on this page \_\_\_\_\_



## IV LETTERS OF REFERENCE

You are required to submit the following:

- ▶ If currently employed in a SIU, approval via the referral form (see section V) from the head of the SIU; OR
- ▶ If NOT currently employed in a SIU, submit one (1) reference letter from a direct supervisor or former supervisor.
- ▶ PLUS, one (1) reference from a colleague, internal or external to your organization, who works with you and can speak to your professional experience investigating health care fraud.

## V HEAD OF SIU APPROVAL

By signing this form, \_\_\_\_\_ agrees that  
*(Print Name)*

\_\_\_\_\_ meets the criteria for the AHFI® application and qualifies to take the exam.  
*(Applicant's Name Here)*

Print Name \_\_\_\_\_

Title \_\_\_\_\_

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

## VI NEXT STEPS

- The AHFI® Accreditation Committee will take a least three weeks to review the application. You will received an email from [ahfi@nhcaa.org](mailto:ahfi@nhcaa.org) that provides you with the Committee's decision.
- Upon acceptance, NHCAA will email you an invoice for payment. You will receive study materials once the payment has been processed.
- If not accepted, NHCAA will provide input based on the Accreditation Committee decision.



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