



THE NATIONAL INSTITUTE FOR HEALTH CARE FRAUD PREVENTION

# NATIONAL EDUCATION & TRAINING SERIES

## AHFI® Prep Course Program Policies & Information

### WAYS TO REGISTER

#### Online

Online via secure transactions.  
Have an American Express,  
Discover, MasterCard, or Visa  
card available.  
[nhcaa.org](http://nhcaa.org)

#### 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 815  
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.

### CANCELLATION/SUBSTITUTION

All cancellations (regardless of date) will be processed with a \$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).
- ▶ **By June 24** — 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 June 24** — If you cancel in writing after June 24, no refund will be provided but credit for future training is available upon request. All substitution requests received after the cut-off date will be charged a \$50.00 administrative fee.

### AHFI® APPLICATION

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

For program descriptions and  
registration information please visit:

[nhcaa.org/achieve-lead/ahfi/ahfi-prep-course](http://nhcaa.org/achieve-lead/ahfi/ahfi-prep-course)

### QUESTIONS?

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





# ACCREDITED HEALTH CARE FRAUD INVESTIGATOR PREP COURSE

## AHFI® Prep Course

### 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 1-31, 2025	NHCAA Member <sup>1</sup>	Government <sup>2</sup>
AHFI® Prep Course	<input type="checkbox"/> \$675	<input type="checkbox"/> \$675

\*Registration Deadline: June 24, 2025

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 815 / Washington, DC 20005 / Fax: 202.785.6764

\*Must be an employee of a NHCAA Member Organization, or Supporting member or an individual 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 Employee Rate applies to NHCAA Government Liaisons and other attendees from local, state and federal public agencies.