



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

Email

Email your registration form (completed PDF file) along with any necessary purchase order.
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.
- ▶ **By July 21** – Cancel and obtain a full refund (minus an administrative fee) or to request a substitution, you must provide written notice to training@nhcaa.org.
- ▶ **After July 21** – If you cancel in writing after July 21, 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.

For program descriptions and registration information please visit:

nhcaa.org/achieve-lead/ahfi/ahfi-prep-course

QUESTIONS?

Email 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 / August 3 - 31, 2026	NHCAA Member ¹	Government ²
AHFI® Prep Course	<input type="checkbox"/> \$675	<input type="checkbox"/> \$675

*Registration Deadline: July 21, 2026

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 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.