



Alabama HFMA
2010 CPAR Registration Form

To complete your registration, we must receive a completed application along with confirmation that the fees are being paid by your facility or educational institution. To ensure your application is legible, please print.

Required

Last Name First Name

Last four digits of Social Security Number

DOB

Mailing Address (Required):

Street Address

City State ZIP

Home Phone Cell Phone Work Phone

E-Mail Address

Facility Information:

Your Manager's Name and Title

Facility Name

Street Address

City State ZIP

Indicate the Coaching Session you plan to attend: (Date)

Indicate the Test Location you plan to attend: (Date)

CPAR Test

To sit for the CPAR Exam, you must attend one (1) coaching session

Fees

Total Fee is \$50

Due to administrative cost in handling return checks, we no longer accept personal checks. If you are a company paying on behalf of employees sitting for the CPAR exam we will accept a company check. Fax complete form to Tavie Bender @ 205-599-4625