



Alliance of Claims Assistance

New Member Form			
Applicant		Company Name	
Physical Address		Mailing Address	
Phone (local/800)	Fax	Email	Website
Education/Degrees (list degree and academic institution)			
Professional Certifications (list certification and institution)			
Areas of Expertise			
FOR ACAP USE ONLY			
Date Submitted	Date Reviewed	Final Status	
<input type="checkbox"/> Applicant Call _____ <input type="checkbox"/> Reference Check _____ <input type="checkbox"/> Certification/Education Check _____			
<b>NOTES</b>			
<p><b>PLEASE RETURN THIS FORM TO THE ALLIANCE OF CLAIMS ASSISTANCE PROFESSIONALS WITH:</b></p> <ol style="list-style-type: none"> <li>1. A letter to us describing your current claims advocacy business or proposed business. Describe in detail why you believe you have the experience and qualifications to work as claims assistance professional.</li> <li>2. A current resume.</li> <li>3. Three professional reference letters from either employers or clients for which you have performed claims advocacy or related work. Reference letters should be dated within the past 6 months. Please make sure to include daytime telephone numbers, so that we may contact them.</li> <li>4. Copies of any certifications earned (example: CPC, RN, RHIT, CMOM)</li> <li>5. A \$25 non-refundable check. Initial membership is \$245, including the \$25 application fee.</li> </ol>			