



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 _____		

NOTES

PLEASE RETURN THIS FORM TO THE ALLIANCE OF CLAIMS ASSISTANCE PROFESSIONALS WITH:

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.
2. A current resume.
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.
4. Copies of any certifications earned (example: CPC, RN, RHIT, CMOM)
5. A \$25 non-refundable check. Initial membership is \$245, including the \$25 application fee.