



RADIOLOGY CODING
CERTIFICATION BOARD

Radiology Coding Certification
**RECERTIFICATION
APPLICATION FORM**

REVISED: APRIL 2009

Radiology Coding Certification Board
10300 Eaton Place, Suite 460, Fairfax, VA 22030
Toll Free 866.227.7222 • 703.621.3355
Fax 703.621.3356
www.rccb.org • info@rccb.org



RECERTIFICATION APPLICATION

I am applying for RCCB recertification via:

- Examination
- Continuing Education

Before completing this form, please read the Candidate Bulletin of Information. Please print or type all information. Information is subject to verification. Please complete entire application. Incomplete applications will be returned.

Date _____ / _____ / _____

1) Name _____
Last First Middle

2) Home Street Address _____
City/State/Zip _____

3) Home Telephone (_____) _____

4) Home E-mail Address _____

5) Complete Name of Employer _____

6) Office Street Address _____
City/State/Zip _____

7) Office Telephone (_____) _____ ext. _____

8) Office Fax (_____) _____

9) Office E-mail Address _____

I hereby apply for recertification offered by the Radiology Coding Certification Board (RCCB) in accordance with and subject to its rules. I understand that the information gathered in the certification process will be used for statistical purposes and for evaluation of the certification program. I further understand that the RCCB will use its best efforts to keep all information related to this application and the certification process confidential.

To the best of my knowledge, the information contained in this application is true, complete and correct and is made in good faith. I understand that the RCCB reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application, revocation of my certification, or other disciplinary action.

(continued on next page)



RECERTIFICATION APPLICATION

If recertifying by examination:

I, the undersigned applicant, recognize and agree to the following. (If you agree, please check the box next to the item.)

- I have read the Candidate Bulletin of Information and agree to abide by the RCCB standards, policies and procedures.
- I recognize that RCCB reserves the right to change its standards or policies to comply with federally mandated changes or annual CPT or ICD-9 changes.
- I recognize that I must successfully complete the certification examination and meet other prerequisites before I can be considered certified and represent myself as such.
- I recognize that, if certified, RCCB certification does not constitute RCCB endorsement, warranty or guaranty of my competency or fitness to practice in the radiology coding field.
- I recognize that my credential will be Radiology Certified Coder (RCC) and that RCC and RCCB are registered logos and trademarks of the RCCB. I further agree to use such logos and trademarks only in accordance with RCCB policies.
- I agree to inform the RCCB of changes or circumstances that may materially alter this application.
- I agree that, if certified, my name may be included in the published list of RCCB certificants.
- I agree to hold harmless RCCB for liability from verification/inspection of documents or records/investigations, from action taken during the certification process, and from failure to certify me as a Radiology Certified Coder.

Signature _____ Date _____

Preferred Test Date _____ City (location) _____

If recertifying by continuing education:

I, the undersigned applicant, recognize and agree to the following. (If you agree, please check the box next to the item.)

- I recognize that I must successfully complete the certification continuing education process before I can be considered certified and represent myself as such.
- I recognize that, if certified, RCCB certification does not constitute RCCB endorsement, warranty or guaranty of my competency or fitness to practice in the radiology coding field.
- I recognize that my credential will be Radiology Certified Coder (RCC) and that RCC and RCCB are registered logos and trademarks of the RCCB. I further agree to use such logos and trademarks only in accordance with RCCB policies.
- I agree to inform the RCCB of changes or circumstances that may materially alter this application.
- I agree that, if certified, my name may be included in the published list of RCCB certificants.
- I agree to hold harmless RCCB for liability from verification/inspection of documents or records/investigations, from action taken during the certification process, and from failure to certify me as a Radiology Certified Coder.

Signature _____ Date _____



RECERTIFICATION APPLICATION

Application deadlines can be found on the RCCB website, www.rccb.org

Recertification Application Fee Schedule:

- Postmarked on or before the deadline date as posted on the RCCB website. \$200
- Postmarked between the deadline date and the certificate expiration date. \$250
- Postmarked between the certificate expiration date and 60 days past the expiration date. \$300

Note: Applications will not be accepted after 60 days beyond the certificate expiration date.

Payment Method: Checks must be payable to Radiology Coding Certification Board or RCCB.

Company Check _____ (Check #)-

Certified Check _____ (Check #)

Money Order _____ (Money Order #)

Charge to my credit card: Visa Mastercard American Express

Card # _____ Expiration Date _____

Amount: \$ _____ Cardholder Name _____

Signature of Cardholder _____

Please return completed application with payment to:

RCCB, 10300 Eaton Place, Suite 460, Fairfax, VA 22030

866.227.7222 • Fax 703.621.3356

Application deadlines can be found on the RCCB website, www.rccb.org