



Operational Policies and Procedures

Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group Application

Study Group: Fall 2024 | Spring 2025

Certification Exam: ___ CPCS® and/or ___ CPMSM®

Criteria for Participation in Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group:

1. Meets the NAMSS eligibility route for the CPMSM® and/or CPCS® examination;
2. Made formal application to NAMSS to take the examination (Fall '24 deadline 8/28/24; with late fee 9/18/24) (Spring '25 deadline 1/22/25; with late fee 2/12/25);
3. Completion of Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group application;
4. Assessment fee \$75 for GAMSS members or \$75 non-members (which includes a GAMSS membership fee). For non-members, GAMSS membership application to be completed and submitted along with Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group application

Applicant Name: _____

Institution: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

I attest that I have been employed for ____ months, ____ years as a Medical Staff Services/ Credentialing Services professional. I attest that the information provided by me on this application is accurate. I further attest that I will not disseminate, electronically or in hard copy, any materials presented to me during my participation in the Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group, and that I will obey all copyright laws applicable to the NAMSS certification preparation materials used in this Study Group. I recognize that participation in the Study Group does not guarantee passing of the NAMSS certification examination(s).

Applicant's Signature: _____ Date Signed: _____

Email this form to the GAMSS Certification Chair:

Caroline Strickland, MBA-HCA, CPCS, CPMSM, FMSP, Senior Director of CORE

Jackson + Coker, Phone: 678-690-2785; Email Address: cstrickland@jacksonandcoker.com

Please mail checks along with a copy of this form to the GAMSS Treasurer:

Valorie Patrick, CPCS, CPMSM, PO Box 420, Newborn, GA 30056

*This form must be received by the Certification Chair no later than **August 2, 2024**. Confirmation of application receipt will be provided once the application and payment have been received.

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