PPS Coordinator Certification
hosted by: UPMC Rehabilitation Institute

Initial Application

First Name: ___________________________ Last Name: ___________________________

Come to Pittsburgh, Pennsylvania, for the PPS Coordinator Certification on March 27–29, hosted by UPMC Mercy.

If you are interested in attending this course, please complete both sides of this application and fax it to the number provided on page 2. The certification committee will review your completed application and send written confirmation within 1 week of receipt. Upon approval, you become a candidate for certification. If your application is not accepted for any reason, your registration fee will be refunded.

The certification course is a 3-day workshop:

• **Day 1**: This review day will focus on topics from the PPS Coordinators Boot Camp.
• **Days 2–3**: This portion will focus on a demonstration of accurate completion of an IRF-PAI form and an intense review of documentation in a medical record to determine compliance with the *Medicare Benefit Policy Manual*.

• UDSmr will provide all attendees with materials for the review day and a study guide.
• The registration fee for the certification course and certification exam is $799.
• Information regarding the online certification exam will be e-mailed to candidates upon completion of the certification course. You must complete the exam within 2 months of completing the course.

**Prerequisites:**

• Completion of the UDSmr® PPS Coordinators Boot Camp after January 1, 2010, or passing a PPS coordinator competency test with a grade of 90% or better
  
  Date of completion of Boot Camp or test (month/year): ____________
  
  Grade received (competency test only): ______________________

• Passing a licensed FIM® mastery test with a grade of 88.8% or better
  
  Date of completion (month/year): ______________________
  
  Grade received: ______________________

• A minimum of 6 months of direct, hands-on patient care experience (e.g., physical therapy, occupational therapy, nursing, speech-language pathology, etc.)
  
  Time (in months) of IRF clinical experience: ____________
  
  Capacity: ______________________

**Recommendations (not required):**

• Completion of Perfecting Your FIM® Accuracy webinar
  
  Date of completion (month/year): ______________________

• Completion of Conquering IRF PPS Coding webinar
  
  Date of completion (month/year): ______________________

• Completion of UDS-PRO® software/on-demand reporting webinar
  
  Date of completion (month/year): ______________________

*Please complete and return both pages! Without this information, we cannot process your application.*
## March 2012

### PPS Coordinator Certification

<table>
<thead>
<tr>
<th>Course</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPS Coordinator Certification Course</td>
<td>Tuesday, March 27, to Thursday, March 29, 2012, 8:30 a.m.–4:00 p.m.</td>
</tr>
</tbody>
</table>

### Terms and Conditions

- **Fax**: this form to UDSmr at 716-568-0037 or send it via postal mail to UDSmr (attn. Carole Stickels). Please make checks payable to Uniform Data System for Medical Rehabilitation.
- **Deadline for registration**: March 20, 2012. Registrations will be acknowledged by e-mail. Attire is business casual. Each attendee is responsible for individual travel and hotel reservations.
- **Cancellations**: must be submitted in writing by March 20, 2012, for a 100% refund. No refunds after March 20, 2012. Refunds will be processed after the completion of the course.
- For questions or additional details, please contact Carole Stickels at 716-817-7815 or cstickels@udsmr.org. Credit card orders will be charged to “UB Foundation Activities On-Line.”

### Pricing Information

<table>
<thead>
<tr>
<th>Package</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPS Coordinator Certification Course and Online Certification Exam</td>
<td>$799</td>
</tr>
</tbody>
</table>

### Uniform Data System for Medical Rehabilitation

Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc., is a registered educational, non-profit organization in the State of New York. The materials are for educational purposes and are independent of control from commercial interests and free of commercial bias. UDSmr has not accepted commercial support for these educational programs.

### Payment Information

- **Registration**: begins at 8:00 a.m. Lunch will be provided. No walk-ins will be accepted. Please complete a separate registration form for each registrant.

Select your payment method:
- □ VISA
- □ MasterCard
- □ American Express
- □ Discover
- □ Check

Credit card number: ___________________________ Expiration date: _____________ CID # (last 3 digits on back of card): ___________

Name as it appears on card: ___________________________

Signature: ___________________________

Billing address of cardholder (required):

- □ Check box if address is the same as above

Address 1: __________________________________________________________________________

Address 2: __________________________________________________________________________

City: ___________________________ State: ___________________________ Zip: ___________