



# Healthcare Collection Manager® (HCM) Capstone Application

ACA International • 3200 Courthouse Lane • Eagan, MN 55121  
Phone: (800) 269-1607 • Fax: (952) 926-1624

**Thank you for your commitment to professionalism and success in the accounts receivable management industry!**

## APPLICATION INSTRUCTIONS

Please complete and return this application to ACA Member Services either via mail\*, via fax at (952) 926-1624 or via the [ACA online portal](http://www.acainternational.org). To send via the online portal sign into the ACA website at [www.acainternational.org](http://www.acainternational.org), scroll to the bottom of the page and click on "Send a Message".

- Please title your message "HCM Capstone Application".
- Once you save the message you will need to re-open it and at the bottom of the message you will see a place to add an attachment. From there you can upload your Capstone Application.
- Once your application and payment are processed, you will receive the short-answer Capstone Assignment via email to be completed and submitted back to ACA electronically.

Please note that the application will not be fully processed until payment is received. You may choose to submit payment via ACH, credit card, e-invoice or mailed check. Payment by mail or e-invoice may delay processing time due to additional handling required.

ACA verifies each candidate's academic record to confirm completion of all designation requirements prior to emailing the Capstone Assignment. Upon notification that your Capstone Assignment has been accepted, successful candidates will be able to view and print certificates by logging in at [www.acainternational.org](http://www.acainternational.org), clicking on their name in the upper right corner of the screen and then clicking on "Certificates".

*\*You may also submit this application via mail by sending the application to the address listed above. Attention: Member Services. Please note that due to transit and additional handling, processing may be delayed.*

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## APPLICANT INFORMATION

<b>Applicant Name</b>			
<b>Applicant Email</b>			
<b>Applicant Phone</b>		<b>Applicant ACA ID, if known</b>	
<b>Company Name</b>		<b>Company ID</b>	



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## REQUIRED COURSES

Course	Date Completed
Ethical and Professional Collections	
Data Security and Privacy 1	
Healthcare Collection Management – Advanced Topics	

## PAYMENT

<b>ACA Member Capstone Fee</b>	<b>\$150.00</b>	<b>Non-Member Capstone Fee</b>	<b>\$300.00</b>
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Bill Me (e-invoice)     Check     Credit Card\*\*

Credit Card Number \_\_\_\_\_

Signature \_\_\_\_\_ CVC \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp Date \_\_\_\_\_

ACH Payment

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Type of Account:     Checking     Savings

Signature Authorization \_\_\_\_\_

*\*\*Please note a 3% non-refundable fee will be added to credit card payments ("surcharge"), which is not greater than our cost of acceptance. To avoid the surcharge, you may pay via ACH or check. Applicable law prohibits us from applying the surcharge to debit cards and transactions for companies based in CO, CT, MA, ME, NY, or outside of the United States.*