

# 2023 Multidisciplinary Critical Care Knowledge Assessment Program **Registration Form**



## Choose from four easy ways to register:

For orders placed online or by phone, please have your credit card and customer ID ready.

**1. Online:** [sccm.org/mcckap](http://sccm.org/mcckap)

**3. Fax:** +1 847 439-7226

**2. Phone:** +1 847 827-6888

**4. Mail:** SCCM, 35083 Eagle Way, Chicago, IL 60678-1350, USA

Customer ID#: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name/Surname: \_\_\_\_\_  
Organization: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Address Type:  Home  Office  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

## Program Directors Only: Please fill out the section below

Institution \_\_\_\_\_  
Street Address \_\_\_\_\_ Department \_\_\_\_\_  
Please list all of your degrees/credentials (eg, ACNP, MD, PharmD, RN, RRT, etc.): \_\_\_\_\_  
Please list your primary license/board certification (eg, registered nursing, internal medicine): \_\_\_\_\_  
Please list your primary license/board certification year (eg, 2001): \_\_\_\_\_

\*A valid email address is required with your order. All examination information will be sent to the email address provided.

## Registration Fees:

RATE	COST PER EXAM	QUANTITY ORDERED	TOTAL COST
Early (register by February 8, 2023)	\$320	x	=
Advance (register by March 8, 2023)	\$375	x	=
Full (register by April 3, 2023)	\$435	x	=

**Check one:**  Pediatric Exam  Adult Exam ORDER TOTAL = \$

Registration will not be accepted after April 3, 2023.

**Payment Information:** Payment must accompany registration form. If credit card information is provided, please fax to this secure number: +1 847 439-7226. Emailing credit card information is not a secure method of transmission. SCCM is in compliance with PCI best practices. Any incomplete or missing information will delay registration.

**Check** (must be U.S. funds drawn on a U.S. bank)

**Credit Card:**  American Express  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For additional information, please visit [sccm.org/mcckap](http://sccm.org/mcckap), or contact SCCM Customer Service at +1 847 827-6888 or [support@sccm.org](mailto:support@sccm.org)

## Cancellation/Refund Policy

Cancellations must be submitted in writing. All cancellations are subject to a \$75 nonrefundable processing fee and must be postmarked before March 8, 2023, to be eligible for a refund. Any cancellation postmarked after this date will not be refunded. Exchanges and substitutions are not allowed at any time. Dates for the 2023 MCCKAP examination are subject to change and/or cancellation. In the event of a change or cancellation, only individual registration fees will be reimbursed. Please allow four weeks to process refunds.