

2024 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

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: _____

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): _____

Program Directors Only: Please fill out the section below

Institution _____

Street Address _____ Department _____

Registration Fees:

RATE	COST PER EXAM	QUANTITY ORDERED	TOTAL COST
Early (register by February 7, 2024)	\$320	x	=
Advance (register by March 6, 2024)	\$375	x	=
Full (register by April 1, 2024)	\$435	x	=

Registration will not be accepted after April 1, 2024.

ORDER TOTAL = \$

Check one: Director-Led Pediatric Exam Director-Led Adult Exam
 Individual Pediatric Exam Individual Adult Exam

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, or contact SCCM Customer Service at +1 847 827-6888 or support@sccm.org

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

Cancellation Policy

Registrants may be eligible for refunds of activities at SCCM's discretion. If you have not accessed the activity's materials, have not completed a significant portion of the activity, and/or the content does not meet your needs, you may be eligible for a refund. A registrant's cancellation of an in-person activity may incur a fee, at SCCM's discretion. To reschedule an in-person activity, please contact SCCM Customer Service at least 30 days before the activity. If SCCM cannot hold an activity as intended, SCCM shall not be liable for any costs, expenses, or fees related to cancellation of travel and attendance associated with the event.