



AHFI®

ACCREDITED
HEALTH CARE
FRAUD
INVESTIGATOR

AHFI® is a unique professional designation granted by the National Health Care Anti-Fraud Association to individuals who meet qualifications related to professional experience, specialized training, formal education and demonstrated knowledge in the detection, investigation or prosecution of health care fraud.

APPLICATION FOR ACCREDITATION

Name _____

Maiden Name , if Applicable _____

Title _____

Employer _____

Address for NHCAA Contact (Office or Home)

Address _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Alternate Phone _____

Fax _____ Email _____

I attest that all information and supporting documentation that I provide in this application is true, and I authorize its independent verification by NHCAA.

Candidate Signature _____ Date _____



I PROFESSIONAL EXPERIENCE

Applicants must meet one of the following professional experience criteria. Check which one:

- A minimum of five (5) years working in health care fraud detection and investigation as an employee of an organization eligible for NHCAA membership or a government agency; **OR**
- A minimum of three (3) years working in health care fraud detection and investigation as an employee of an organization eligible for NHCAA membership or a government agency **PLUS** a minimum of three (3) years of non-health care fraud investigative experience; **OR**
- A minimum of at least two (2) years working in health care fraud detection and investigation as an employee of an organization eligible for NHCAA membership or a government agency **PLUS** a minimum of five (5) years of non-health care fraud investigative experience.

Beginning with your current position, please describe the positions, and years of experience in each, that you wish to submit as qualifying experience. If you need additional space, you may duplicate the final page of this section and attach to your application.

Incomplete applications will be returned to the applicant.

1. _____ years, from (mo./yr.) _____ to Present

Position _____ Organization _____

Address _____

City _____ State _____ Zip _____

Description of Duties _____

Direct Supervisor's Name _____

Contact Phone _____ Contact Email _____

2. _____ years, from (mo./yr.) _____ to _____ (mo./yr.)

Position _____ Organization _____

Address _____

City _____ State _____ Zip _____

Description of Duties _____

Contact person to verify employment _____

Contact Phone _____ Contact Email _____

Was this person a direct supervisor?



II CONTINUING PROFESSIONAL EDUCATION

▶ **New Requirement: Sixty (60) hours of anti-fraud continuing education in the last five (5) years, subject to NHCAA approval. Twenty-four (24) of those hours must be NHCAA Continuing Professional Education (CPE) credits.**

Follow these guidelines to accurately complete this application. Incomplete applications will NOT be reviewed.

1. Itemize the programs/courses/classes that you wish to submit as qualified training.
2. All information must include proof of training.
 - a. For NHCAA training, attach the NHCAA training transcript.
 - b. For non-NHCAA trainings, an agenda from the program including topics covered, time per topic, and evidence of course completion is required (e.g., certificate of attendance).
3. If you need additional space, duplicate the final page of this section and attach to the application.
4. Enter total number of hours at the bottom of each page and in the summary.

What's accepted?

- Non-NHCAA trainings with learning objectives and educational goal that enhance the health care fraud investigation, detection, or prosecution skills of the investigator.
- Non-NHCAA trainings include clinical coding classes, NHCAA approved software (e.g., Tableau, anti-fraud or excel) classes, and training by other health care organizations designed to improve investigative skills.
- Qualified trainings also include courses or class where you were the instructor. Applications must include the agenda, or outline. Instructor must be the creator or co-creator of the content and program. Only the first training will be counted. Additional trainings will not be counted.

What isn't accepted?

- General mandatory training, college courses, task force meetings, and staff meetings will not count as qualified training.

1. Program/Course/Training _____

Student Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) _____

Date(s) _____

Number of Training Hours _____

Verification (check all that apply): NHCAA Training Transcript Certificate Copy/Other Documentation

▶ **Number of Credits on this page** _____



2. Program/Course/Training _____

Student Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) _____

Date(s) _____

Number of Training Hours _____

Verification (check all that apply): NHCAA Training Transcript Certificate Copy/Other Documentation

3. Program/Course/Training _____

Student Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) _____

Date(s) _____

Number of Training Hours _____

Verification (check all that apply): NHCAA Training Transcript Certificate Copy/Other Documentation

4. Program/Course/Training _____

Student Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) _____

Date(s) _____

Number of Training Hours _____

Verification (check all that apply): NHCAA Training Transcript Certificate Copy/Other Documentation

▶ Number of Credits on this page _____



5. Program/Course/Training _____

Student Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) _____

Date(s) _____

Number of Training Hours _____

Verification (check all that apply): NHCAA Training Transcript Certificate Copy/Other Documentation

6. Program/Course/Training _____

Student Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) _____

Date(s) _____

Number of Training Hours _____

Verification (check all that apply): NHCAA Training Transcript Certificate Copy/Other Documentation

7. Program/Course/Training _____

Student Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) _____

Date(s) _____

Number of Training Hours _____

Verification (check all that apply): NHCAA Training Transcript Certificate Copy/Other Documentation

▶ Number of Credits on this page _____



8. Program/Course/Training _____

Student Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) _____

Date(s) _____

Number of Training Hours _____

Verification (check all that apply): NHCAA Training Transcript Certificate Copy/Other Documentation

9. Program/Course/Training _____

Student Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) _____

Date(s) _____

Number of Training Hours _____

Verification (check all that apply): NHCAA Training Transcript Certificate Copy/Other Documentation

10. Program/Course/Training _____

Student Training Instructor/Presenter

Sponsor (e.g., NHCAA, BCBSA, Internal) _____

Date(s) _____

Number of Training Hours _____

Verification (check all that apply): NHCAA Training Transcript Certificate Copy/Other Documentation

▶ Number of Credits on this page _____



IV LETTERS OF REFERENCE

You are required to submit the following:

- ▶ If currently employed in a SIU, approval via the referral form (see section V) from the head of the SIU; OR
- ▶ If NOT currently employed in a SIU, submit one (1) reference letter from a direct supervisor or former supervisor.
- ▶ PLUS, one (1) reference from a colleague, internal or external to your organization, who works with you and can speak to your professional experience investigating health care fraud.

V HEAD OF SIU APPROVAL

By signing this form, _____ agrees that
(Print Name)

_____ meets the criteria for the AHFI® application and qualifies to take the exam.
(Applicant's Name Here)

Print Name _____

Title _____

Signature _____ Date _____

VI NEXT STEPS

- The AHFI® Accreditation Committee will take a least three weeks to review the application. You will received an email from ahfi@nhcaa.org that provides you with the Committee's decision.
- Upon acceptance, NHCAA will email you an invoice for payment. You will receive study materials once the payment has been processed.
- If not accepted, NHCAA will provide input based on the Accreditation Committee decision.



1220 L Street NW, Suite 815
Washington, DC 20005

Phone: 202.349.7984
Fax: 202.785.6764
Email: ahfi@nhcaa.org
Web: www.nhcaa.org