



# EDUCATION & TRAINING SERIES INFORMATION

## Virtual Education & Training Program Policies & Information

### WAYS TO REGISTER

#### Online

Online via secure transactions.  
Have an American Express,  
Discover, MasterCard, or Visa  
card available  
[nhcaa.org](http://nhcaa.org)

#### Email

Email your registration form to  
[training@nhcaa.org](mailto:training@nhcaa.org)

#### Mail

Mail completed form along with  
payment information.

The NHCAA Institute  
Registration  
1220 L Street NW, Suite 815  
Washington, DC 20005

#### Secure Fax

Fax the completed form  
along with credit card payment  
information.

202.785.6764

Registration forms can be faxed or  
emailed **ONLY** if:

- paying by American Express,  
Discover, MasterCard, Visa,  
or Tuition-Free.

### MEMBER TUITION-FREE REGISTRATIONS

The Membership Forum Representative from each organization will designate tuition-free registrations. Check with your representative for availability.

- ▶ NHCAA Member Organizations, Affiliate Members, and National Government Liaisons can designate two (2) tuition-free registrations per virtual program.
- ▶ Platinum Supporting Members and State-based Government Liaison agencies (including state Medicaid Fraud Control Units) can designate one (1) tuition-free registration per virtual Education & Training program.

### CANCELLATION/SUBSTITUTION

All cancellations (regardless of date) will be processed with a \$100.00 administrative fee. See the registration policies page for specific dates and deadlines.

- ▶ All written notice of cancellations and substitutions should be sent via email to the Education & Training team, at [training@nhcaa.org](mailto:training@nhcaa.org).
- ▶ **Before cut-off date** – To cancel and obtain a full refund (minus an administrative fee) or to request a substitution, you must provide written notice to [training@nhcaa.org](mailto:training@nhcaa.org).
- ▶ **After cut-off date** – If you cancel in writing after the cut-off date, no refund will be provided but credit for future training is available. All substitution requests received after the cut-off date will be charged a \$50.00 administrative fee.

For program descriptions and  
registration information please visit:

[nhcaa.org](http://nhcaa.org)

### QUESTIONS?

Email [training@nhcaa.org](mailto:training@nhcaa.org)



# THE NATIONAL INSTITUTE FOR HEALTH CARE FRAUD PREVENTION EDUCATION & TRAINING SERIES

## Schemes for Health Care Fraud Investigators & Analysts

### REGISTRANT INFORMATION

Mr.  Ms.  Mrs.  Dr. Nickname \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Degree  MD  DO  PHD  RN  JD Designation \_\_\_\_\_

Organization \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email (Required) \_\_\_\_\_

Organization Website (Required for Non-Members): \_\_\_\_\_

### PROGRAM SELECTION

Program: Virtual Training / June 4-18, 2025	Tuition-Free	NHCAA Member <sup>1</sup>	Government <sup>2</sup>	Non-Member <sup>3</sup>
Schemes for Health Care Fraud Investigators & Analysts	<input type="checkbox"/> \$0	<input type="checkbox"/> \$675	<input type="checkbox"/> \$675	<input type="checkbox"/> \$775

\*Registration Deadline: May 27, 2025

Amount Enclosed \$ \_\_\_\_\_

### PAYMENT INFORMATION

Check (Check Enclosed) Credit Card:  AmEx  Discover  MC  Visa  Purchase Order #: \_\_\_\_\_

Credit Card Account # \_\_\_\_\_ Exp \_\_\_\_\_

Cardholder Name (Print) \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- ▶ Register online [nhcaa.org/programs](http://nhcaa.org/programs) or complete this form & return with your payment to:  
The NHCAA Institute / Registration / 1220 L Street NW / Suite 815 / Washington, DC 20005 / Fax: 202.785.6764
- ▶ See the virtual registration policies page for specific cancellation/substitution deadlines.

1. Member Rate applies to all NHCAA Member Organizations, Affiliate Members, Individual Members, Platinum, Premier Supporting Members and Standard Supporting Members. 2. Government Employee Rate applies to NHCAA Government Liaisons and other attendees from local, state and federal public agencies. 3. Non-Member participants must occupy a professional position with a private for-profit or not-for-profit health care reimbursement organization, in a local, state or federal law enforcement, prosecutorial, a regulatory agency or in a professional disciplinary organization.