



OASISanswers

COS-C EXAM APPLICATION

- PAPER & PENCIL

[Exam application also available online at www.oasisanswers.com]

Please carefully print when completing the form below. Paying by Credit Card: Complete form and fax to 425.868.5484. Paying by Check: **MAKE CHECKS PAYABLE TO OASIS ANSWERS, Inc.** & mail with form to PO Box 2768 Redmond, WA 98073.

***All registration payments MUST be received prior to a candidate sitting for any exam. NO EXCEPTIONS!**

COS-C Exam Location/Date:	City:	State:	Exam Date:
Candidate's Full Name: (As you would like it to appear on your certificate) PLEASE PRINT!			
Candidate's E-mail Address: (Must Be UNIQUE! For confirmation and to access online profile)	<input type="checkbox"/> Personal <input type="checkbox"/> Work		
Agency/Company Name:			
Candidate's Address: (Where your results are mailed. Please indicate address type)	<input type="checkbox"/> Home <input type="checkbox"/> Work		
Contact Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Estimate the number of OASIS assessments (at all time points) that you have conducted during the past 12 months:	<input type="checkbox"/> > 400 (more than 8 assessments per week) <input type="checkbox"/> 250-400 (5 to 8 assessments per week) <input type="checkbox"/> 100 – 249 (2 to 5 assessments per week) <input type="checkbox"/> 10-99 (less than 2 assessments per week) <input type="checkbox"/> 1– 9 total assessments in the past 12 months <input type="checkbox"/> I have not conducted an OASIS assessment in the past 12 months <input type="checkbox"/> I have never conducted an OASIS assessment		
What is your primary OASIS role?: (You may select more than one)	<input type="checkbox"/> Data collector in the field <input type="checkbox"/> Auditor of OASIS assessments <input type="checkbox"/> User of OASIS-based reports/data for quality/compliance/reimbursement functions <input type="checkbox"/> Educator/trainer/consultant <input type="checkbox"/> CMS contractor (i.e., OEC,OAC, QIO, Surveyor) <input type="checkbox"/> Researcher <input type="checkbox"/> Other (specify) : _____		
Please indicate your discipline:	<input type="checkbox"/> RN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Other: _____		
Select your registration rate: (Registration is discounted by \$50 if the exam is preceded by OASIS Answers, Inc.'s "Blueprint for OASIS Accuracy" Workshop)		Initial Examination	Renewal Examination*
	Exam offered without "Blueprint"	<input type="checkbox"/> \$300	<input type="checkbox"/> \$250
*Renewal rates available only to active COS-Cs	Exam offered with "Blueprint"	<input type="checkbox"/> \$250	<input type="checkbox"/> \$200
Type of Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card		
Credit Card Number:			
Expiration Date/Security Code:	Expiration Date: _____	3 digit Security Code: _____	
Card Holder's Name:	Billing Zip code: _____		

Signature:

Date: