



CDRS Training Verification Form

Effective Date: 7-1-2021

STOP! Do not complete and submit this form until the applicant has created an account in the FCB's online system. Access www.flcertificationboard.org and select MY ACCOUNT to create an account or update contact information.

Directions:

1. This form is for all individuals who are seeking the Certified Denial Recovery Specialist (CDRS) credential. It is a two-part form. Part one is completed by the certification applicant. The applicant sends the updated form to the HBS Director of Training, HBS HR Director or designee, as follows:
 - a. If the applicant completed the HBS CDRS Training program as a single approved curriculum series, the HBS Director of Training or designee completes Part 2. Part 3 is completed by the employer's HR Director or designee.
 - b. If the applicant met the training requirement prior to hire at HBS, the HR Director or designee will complete Parts 2 and 3.
2. The HR Director or designee may send individual or batched forms to amoores@flcertificationboard.org with the subject line, *HBS CDRS Applicant Training Verification Form*.

Training Requirement: All applicants must complete a total of 100 hours of training in the following 5 CDRS performance domains:

1. Medical Billing Foundations
2. Hospital and Clinical Billing Cycle
3. Denied Claims Resolution
4. Information Systems
5. Professional Responsibilities

Of the 100 total hours of training, a minimum of 10 hours of training must be complete in each performance domain. The remaining hours may be taken in any of the credentials performance domains.

Eligible Training: Health Business Solutions is a recognized single-source education provider for CDRS training purposes. CDRS applicants may complete the full HBS training program OR they may complete a combination of training, from multiple training providers, to yield the 100 hour training requirement.

Applicants completing the HBS program do not have to submit supporting documentation. The employer will verify that the training was delivered and that documentation of such remains on file.

Applicants meeting the training requirement through a variety of training providers must provide supporting certificates of completion, transcripts or other documentation to support claimed training requirements. Training documentation is provided by the employee to the HBS HR Director or designee, who will complete Part 3.

Please refer to the *Candidate Guide: Application Process*, which is posted on the FCB website, for detailed policy on how to document multiple training providers for certification purposes.

DO NOT SUBMIT THIS COVER PAGE WITH YOUR APPLICATION.



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Part 1: Applicant Information. Enter your name exactly the same as is associated with your FCB account.

Name: _____

Employer: _____

Position Title: _____

Part 2: Training Information (Indicate either HBS Single Source Approved Curriculum or Multiple Training Providers)

<u>Training Program</u>	<u># of Training Hours</u>	<u>Start Date</u>	<u>End Date</u>
<input type="checkbox"/> HBS Single Source Approved Curriculum	100	_____	_____
OR			
<input type="checkbox"/> Multiple Training Curricula	<u># of Training Hours</u>	<u>Start Date</u>	<u>End Date</u>
Medical Billing Foundations	_____	_____	_____
Hospital and Clinical Billing Cycle	_____	_____	_____
Denied Claims Resolution	_____	_____	_____
Information Systems	_____	_____	_____
Professional Responsibilities	_____	_____	_____

Part 3: Training Verification Attestation

Name of Individual Completing Form Title

Work Email Address Work Phone

The applicant identified in Part 1 has completed the training indicated in Part 2 of this form. Yes No

Documentation of completion of training is maintained according to employer protocol. Yes No

I consent to an audit of employer records if requested to verify my attestation. Yes No

By my signature, I attest that the above material is true to the best of my knowledge.

Signature (FCB accepts both manual and electronic signatures) Date