



**CERTIFIED PROFESSIONAL BUSINESS EXECUTIVE (CPBE)
APPLICATION**

PERSONAL INFORMATION:

Name: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

MDHBA Member since: _____

1. PERSONAL BUSINESS BACKGROUND: Up to 4 points will be awarded in this section based on the amount of information that you provide.

How many years of senior level/executive management experience do you have? _____
Senior level/executive management experience includes Manager, Director, Vice President, President or Owner.

How many years of healthcare receivables management experience do you have? _____

What is your current title? _____

What are your core responsibilities?

Please list up to 3 examples of relative past experience. Include company, title, and brief description of responsibilities. Experience can be at the same or different companies.

1. _____

2. _____

3. _____

Think of a collections situation in which you were involved that required some ‘outside of the box’ thinking. Briefly describe the challenge and your solution.

Please write a short paragraph outlining your concept and general philosophy for professional healthcare receivables management.

2. FORMAL EDUCATION: 1 point will be awarded in this section if you have a high school diploma; an additional 1 point if you have a college associate or bachelor’s degree; and an additional 1 point for any post graduate or other educational background.

High School: _____ City & State: _____

Years attended: _____ Diploma: _____

College/University: _____ City & State: _____

Years attended: _____ Degree: _____

Please list any Post Graduate Information: _____

Please describe any other Educational Background you feel was beneficial to your business career in the space below

3. CONTINUING EDUCATION UNITS/CREDITS: 1 point will be awarded for every CEUs received (1 CEU for 10 contact hours of seminar); 1 point required; 5 points maximum.

Please describe any continuing education credit (CEUs or other type of credit bestowed by MDHBA, another association, community college, etc.) in the space below. Include name of organization who issued the credits, date they were issued, and number of credits bestowed in each instance. You must have a least 1 CEU (10 contact hours) to qualify for CPBE status.

4. PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG: 1 point will be awarded for each organization you list; 5 points maximum

Please list up to 5 and include volunteer/leadership positions held

1. _____
2. _____
3. _____
4. _____
5. _____

5. COMMUNITY ACTIVITIES: 1 point will be awarded for each organization you list; 5 points maximum

Please list up to 5 community activities in which you have participated: i.e., civic, credit, fraternal or political organizations and service clubs. Indicate any offices or leadership positions that you have held:

1. _____
2. _____
3. _____
4. _____
5. _____

6. CONTRIBUTIONS TO MDHBA AND FELLOW MEMBERS

Please list MDHBA committee assignments, leadership positions and offices held. **1 point will be awarded for each contribution; 5 points maximum**

1. _____
2. _____
3. _____
4. _____
5. _____

Please list participation in up to 5 MDHBA convention or seminar presentations, newsletter article contributions or other membership activities (not including attendance at meetings and events). **1 point will be awarded for each contribution; 5 points maximum**

1. _____
2. _____
3. _____
4. _____
5. _____

Please list the MDHBA seminars, webinars and conventions that you have attended. Please include dates and locations, if possible. **1 point will be awarded for each contribution; 5 points maximum**

1. _____
2. _____
3. _____
4. _____
5. _____

AFFIRMATION STATEMENT

I affirm, to the best of my knowledge, all the information associated with this application is valid and accurate.

Your Name: _____ Date: _____

PLEASE INCLUDE WITH THIS APPLICATION:

1. Two reference letters from collection industry business associates, including co-workers, clients, etc. If letters are provided by a client, the client should be in a healthcare related business.
2. A document that explains in detail your process for handling consumer disputes and complaints, including those filed by the consumer directly with your company, as well as those filed with a third party (e.g., CFPG, State Attorney General, State Regulator, Better Business Bureau, etc.).
3. Payment of \$100.00.

A total of 12 points are required to submit your certification form for consideration. At least 1 point must be achieved in each section, #1 - #6.

If you are paying by check, please make check payable to MDHBA and return your application and payment to: MDHBA, 218 Glorietta Drive, St. Augustine, FL 32095. If you would like to pay by credit card, please complete the information below and mail this application, or e-mail it to mbandy@mdhba.org. Your application will be reviewed by the MDHBA Certification Committee, which maintains the right to validate the information provided with this application.

Credit Card: AMEX MC VISA Amount: \$ _____

Card Number: _____

Exp. Date: _____ Billing Zip Code: _____

Sec. Code: _____ Name on Card: _____