choose from four easy ways to register:

for orders placed online or by phone, please have your credit card and customer ID ready.

1. online: sccm.org/mcckap
2. phone: +1 847 827-6888
3. fax: +1 847 439-7226
4. mail: SCCM, 35083 Eagle Way, Chicago, IL 60678-1350, USA

Customer ID#: ____________________________ □ Male □ Female
First Name: ___________________________ Middle Initial: ______ Last Name/Surname: ___________________________
Organization: __________________________ Address: __________________________
City: __________________________ State/Province: __________________________ Zip/Postal Code: __________________________
Country: __________________________ Address Type: □ Home □ Office
Phone: __________________________ Fax: __________________________ *E-mail: __________________________

Program Directors Only: Please fill out the section below

Institution __________________________________________________________________________________________
Street Address ________________________________ Department ____________________________
Please list all of your degrees/credentials (eg, ACNP, MD, PharmD, RN, RRT, etc.): ____________________________
Please list your primary license/board certification (eg, registered nursing, internal medicine): ____________________________
Please list your primary license/board certification year (eg, 2001): ____________________________
*A valid e-mail address is required with your order. All examination information will be sent to the e-mail address provided.

Registration Fees

<table>
<thead>
<tr>
<th>RATE</th>
<th>COST PER EXAM</th>
<th>QUANTITY ORDERED</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early (register by December 3, 2021)</td>
<td>$305</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Advance (register by February 2, 2022)</td>
<td>$360</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Full (register by March 7, 2022)</td>
<td>$415</td>
<td>x</td>
<td>=</td>
</tr>
</tbody>
</table>

Check one: □ Pediatric Exam □ Adult Exam

ORDER TOTAL = $ __________________________

Registration will not be accepted after March 7, 2022.

Payment Information (Please send payment with registration form.)

□ Check (must be U.S. funds drawn on a U.S. bank)

Credit Card: □ American Express □ Discover □ MasterCard □ Visa

□ Institutional Purchase Order

Card Number: __________________________ Expiration Date: ____________ CVV: ______
Cardholder Name: __________________________
Cardholder Signature: __________________________ Date: ____________

For additional information, please visit sccm.org/mcckap, or contact SCCM Customer Service at +1 847 827-6888 or support@sccm.org

Cancellation/Refund Policy

Cancellations must be submitted in writing. All cancellations are subject to a $75 nonrefundable processing fee and must be postmarked before February 2, 2022, to be eligible for a refund. Any cancellation postmarked after this date will not be refunded. Exchanges and substitutions are not allowed at any time. Dates for the 2022 MCCKAP examination are subject to change and/or cancellation. In the event of a change or cancellation, only individual registration fees will be reimbursed. Please allow four weeks to process refunds.