# 2021 Multidisciplinary Critical Care Knowledge Assessment Program: Registration Form

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

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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: ____________________________  *Email: ____________________________

Program Directors Only: Please fill out the below section
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 Nurse, Internal Medicine): ____________________________
Please list your primary license/board certification year (eg, 2001): ____________________________

*A valid email address is required with your order. All examination information will be sent to the email address provided.

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## 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 12/04/2020)</td>
<td>$305</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Advance (register by 2/03/2021)</td>
<td>$360</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Full (register by 3/8/2021)</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 8, 2021.

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## Payment Information
(Please send payment with registration form.) Any incomplete or missing information will delay the order.

□ 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: _____________

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

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# 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 3, 2021, 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 2021 MCCKAP examination are subject to change and/or cancellation. In the event of a change/cancellation, only individual registration fees will be reimbursed. Please allow four weeks to process refunds.