



Review & Assessment

MULTIDISCIPLINARY CRITICAL CARE KNOWLEDGE ASSESSMENT PROGRAM

Society of
Critical Care Medicine
The Intensive Care Professionals



EXAM DATES:
MARCH 31 -
APRIL 10, 2026

Choose from four easy ways to register:

For orders placed online or by phone, please have your credit card and email 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

Please type or print clearly and keep a copy of this form for your records.

*Email _____ SCCM Customer ID _____
First Name _____ Middle Initial _____ Last Name (Surname) _____
Degrees/Credentials (e.g., ACNP, MD, PharmD, RN, RRT) _____
Address _____
City _____ State _____ Zip/Postal Code _____
Country _____ Address Type ☐ Home ☐ Office
Phone _____ ☐ Home ☐ Office ☐ Cell/Mobile
Organization _____

Program Directors Only: Please fill out the section below.

Institution/Program _____
Address _____
City _____ State _____ Zip/Postal Code _____

Registration Fees:

REGISTRATION CATEGORY	COST PER EXAM		QUANTITY ORDERED	TOTAL COST
Director-Led Adult Examination	\$335	x	=	
Individual Adult Examination	\$335	x	=	
Director-Led Pediatric Examination	\$320	x	=	
Individual Pediatric Examination	\$320	x	=	
Order Total				= \$

Registration will not be accepted after March 31, 2026.

Payment Information: Payment must accompany registration form.

If credit card information is provided, please mail this form or fax to this secure number: +1 847 439-7226. *Emailing credit card information is not a secure method of transmission. SCCM is in compliance with PCI best practices. Any incomplete or missing information will delay registration.*

☐ **Check** (must be U.S. funds drawn on a U.S. bank) ☐ **Wire Transfer** (Please contact SCCM Customer Service for wire transfer information.)

☐ **Credit Card** ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Card Number _____ Expiration Date _____ CVV _____
Cardholder Name _____ Billing Zip/Postal Code _____
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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.

*A valid email address is required. Use the email address associated with your SCCM account. All examination information will be sent to the email address provided.

Cancellation Policy: Registrants may be eligible for refunds of activities at SCCM's discretion. If you have not accessed the activity's materials, have not completed a significant portion of the activity, and/or the content does not meet your needs, you may be eligible for a refund. A registrant's cancellation of an in-person activity may incur a fee, at SCCM's discretion. To reschedule an in-person activity, please contact SCCM Customer Service at least 30 days before the activity. If SCCM cannot hold an activity as intended, SCCM shall not be liable for any costs, expenses, or fees related to cancellation of travel and attendance associated with the event.