



## Replacement Certificate Order Form

Please submit this form with the appropriate fee to:

AHIMA  
Attn: Membership Department  
PO Box 77-3081  
Chicago, IL 60678-3081

AHIMA ID Number: \_\_\_\_\_

*Type or print neatly.*

Replacement Certificate Type	Certificate Number	Date Issued
Certified Coding Associate		
Certified Coding Specialist		
Certified Coding Specialist-Physician		
Certified in Healthcare Privacy		
Certified in Healthcare Privacy and Security		
Registered Health Information Administrator		
Registered Health Information Technician		

**Reason for Reprint Request:**

- Name/Address Change                       Misplaced  
 Change of Credential Acronym (RRT/RRA)  
 Other \_\_\_\_\_

*\*In order to receive a replacement certificate, your CEUs and, if applicable, self-assessment must be current\**

**Name as it should appear on certificate:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Method of Payment

Replacement Certificates cost \$25 each. Please allow 6-8 weeks for delivery.

- Check/Money Order – Payable to AHIMA     VISA                       MasterCard                       American Express

If payment is by credit card, please provide the following information:

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Charge Amount: \_\_\_\_\_

Signature: \_\_\_\_\_