

Examination Application

■ Registered Health Information Administrator (RHIA) ■ Registered Health Information Technician (RHIT)

Please submit this application with the appropriate fee to:
Attn: RHIA/RHIT Exams, AHIMA, Dept. 77-3081, Chicago, IL 60678-3081

Type or print neatly. An asterisk () indicates a required field*

- * 1. Examination Type: RHIA RHIT
2. AHIMA ID Number: _____ *3. Social Security Number: _____
4. Date of Birth: _____
- * 5. First Name: _____ MI: ____ Last Name: _____ Suffix: _____
- * 6. Preferred Mailing Address: Home or Work
- * 7. Home Address: _____ Apt. #/PO Box: _____
City: _____ State: _____ Zip Code: _____ Country: _____
8. Employer: _____
Title: _____
Work Address: _____ Suite: _____
City: _____ State: _____ Zip Code: _____ Country: _____
9. Work Phone: _____ *10. Home Phone: _____
11. Fax Number: _____ 12. E-mail Address: _____

Eligibility

- * 13. Indicate your eligibility for this examination.
- (001) Graduate of an HIA—CAHIIM-accredited program
- (002) Graduate of an HIT—CAHIIM-accredited program
- (998) Graduate of a formerly accredited program
- (510) An HIT certificate of completion from AHIMA's ISP and an associate's degree from an accredited college.

School Name: _____

- * Educational Program Code (EPC):

- * Graduation Date (MM/DD/YY): _____

Have you ever taken this exam before?

Yes: Month _____ Year _____

No

Transcript enclosed with application

Transcript will be sent separately

Release of Examination Results

- * 14. All individuals who successfully complete the examination are recognized for this achievement on AHIMA's Web site or in the *Journal of AHIMA*. In addition, if authorized, a recognition letter will also be sent to your employer.

I authorize AHIMA to send a letter to my employer.

Supervisor's Name:

Supervisor's Title:

Company:

Address:

City: _____

State: _____ Zip Code: _____

Country: _____

**An asterisk indicates a required field.*

* 15. Is international testing requested?

Yes

No

If yes, please list country of preference

* 16. What is your highest educational degree?

(please select one)

(01) High School Graduate

(02) HIM Certificate Program

(03) AHIMA ISP Program

(04) Associate Degree

(05) Baccalaureate Degree

(06) Masters Degree

(07) Doctorate

(08) Doctor of Law (JD)

(09) Doctor of Medicine (MD)

(99) Other _____

* 17. What is your current work setting? *(please select one)*

(01) Ambulatory Care (e.g. ambulatory surgery center, freestanding facility)

(02) Behavioral/Mental Health

(03) Consulting Services

(05) Educational Institution

(08) Hospital

(09) Integrated Healthcare Delivery System

(10) Long-term Care

(14) Physician Practice

(15) Non-provider Setting (e.g. government, vendor, association, etc.)

(98) Not Currently Working

(99) Other Provider Setting (e.g. rehab, home health, etc.)

18. What is your current job level category?

(please select one)

(01) Executive/President/Vice President

(02) Director (HIM, IT, etc.)/Officer (e.g. privacy, security, compliance)

(03) Educator

(04) Manager/Supervisor

(05) Consultant

(06) Clinical (MD, RN, etc)

(07) Technology Professional (including data or systems analyst)

(08) HIM Technician (e.g. coding, transcription)

(09) Clerical/Administrative Support

(99) Not currently working

19. Who is covering the cost of this examination?

(01) Examinee (02) Employer

(03) Both (04) Other

20. How many years of HIM experience do you have?

Less than 1 year 1–4 years

5–10 years 11–19 years

20–29 years 30+ years

Not applicable

2010 Examination Fees

RHIA Member \$229

RHIA Nonmember \$299

RHIT Member \$229

RHIT Nonmember \$299

Method of Payment (Source Code: RMAIL)

Check/Money Order: *Payable to AHIMA*

Purchase Order:

Attached To come: P.O.# _____

Credit Card:

Visa MasterCard American Express

Account #: _____

Exp. Date: _____

Signature: _____

How did you find out about the RHIA/RHIT certification?

Statement of Understanding

I hereby apply to write the RHIA or RHIT examination. I have read and fully understand the Candidate Handbook and all sections therein, as well as the AHIMA Code of Ethics. I agree to abide by the terms of the Candidate Handbook and the AHIMA Code of Ethics, as well as any other requirements set forth in this application. I certify that the information provided by me on this application (and any subsequent forms submitted in relation to this application) is accurate. I understand that the submission of false information in this or any other document will be grounds for rejection of my application, revocation of any certification issued, or denial of recertification, in the sole discretion of AHIMA.

Signature: _____ Date: _____

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