

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
If you submit your transcripts separately, please send them to:
Certification Transcripts, 233 N. Michigan Ave., 21st Fl. Chicago, IL 60601
Type or print neatly. An asterisk (*) indicates a required field

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

Eligibility

- * 12. 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

Americans with Disabilities Act (ADA)

- *13. Will you require special accommodations for
the administration of this examination?
- Yes (Complete Form A and B)
- No

Employer Notification

- *14. All individuals who successfully pass 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 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: _____

Recognition on AHIMA's Website

- * 15. All candidates who successfully pass the examination are recognized for this achievement on AHIMA's website.

I do not authorize AHIMA to post my name on AHIMA's website.

*An asterisk indicates a required field.

Release of Examination Results

* 16. All examination scores are reported to the appropriate CAHIIM-accredited educational program. Your name will be reported with your score. Candidate score information helps HIM programs maintain CAHIIM's high standards of educational excellence. Program directors use this data to continuously improve upon their curriculum and student learning. If you prefer your name and results NOT be released to your program director, please check the box below.

I do not authorize the release of my name to my academic program (RHIA and RHIT only).

Education and Experience

* 17. What is your highest educational degree? Please select one.

- (04) Associate's Degree
- (05) Baccalaureate Degree
- (06) Master's Degree
- (07) Doctorate
- (08) Doctor of Law (JD)
- (09) Doctor of Medicine (MD)
- (99) Other _____

* 18. What is your current work setting? (Please select one.)

- (01) Ambulatory Care
- (02) Behavioral/Mental Health
- (03) Consulting/Vendor
- (04) Corporate Office of a Multi-Hospital System
- (05) Educational Institution
- (06) HIM Specialty Setting
- (07) Home Health Agency
- (08) Hospital
- (10) Long-term Care Facility
- (11) Managed Care/HMO/PPO Office
- (12) Multi-Specialty Group Practice
- (13) Non-Provider Organization
- (14) Physician Practice
- (98) Currently Not Employed
- (99) Other: _____

19. 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

20. Who is covering the cost of this examination?

- (01) Examinee (02) Employer
- (03) Both

21. Which of the following credentials do you currently hold?

- (01) CCA (02) CCS (03) CCS-P
- (04) CHP® (05) CHS (06) CHPS
- (07) CPC (08) CPC/H (09) CPHIMS
- (10) RHIA (11) RHIT (12) RN
- (13) CHDA (99) Other: _____

Supervisor's Name: _____

Supervisor's Title: _____

Company: _____

Address: _____

City: _____

State: _____ Postal Code: _____

Country: _____

2011 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

Credit Card:

- Visa MasterCard American Express Discover

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 Certification Candidate Guide and all sections therein, as well as the AHIMA Code of Ethics. I agree to abide by the terms of the Certification Candidate Guide and the AHIMA Code of Ethics, and 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, at the sole discretion of AHIMA.

Signature: _____ Date: _____