

# Examination Application

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

If paying with a check please submit this application with the appropriate fee to:  
Attn: Coding Exams, AHIMA  
Dept. 77-2735  
Chicago, IL 60678-2735

Please mail your official (sealed) transcripts **separately** to:  
Certification Transcripts  
233 N. Michigan Ave. 21st Floor  
Chicago, IL 60601

OR

Send electronically to: [CertificationTranscripts@ahima.org](mailto:CertificationTranscripts@ahima.org)  
If this option is available, vendor information is provided by your school. Transcripts must come directly from the vendor (i.e. National Student Clearing House, parchment, etc.).

Type or print clearly. 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: \_\_\_\_\_  
Maiden/Former Name: \_\_\_\_\_
- \* 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.
- Graduate of HIA—CAHIIM-accredited program
  - Healthcare information management Graduate of HIT—CAHIIM-accredited program
  - Graduate of a formerly accredited program
  - Completion of a Certificate of the Degree Program
  - Graduate of an HIM CAHIIM-accredited program at the Master's level
  - An RHIT who meets the HIMR Proviso conditions
- School Name: \_\_\_\_\_
- \* Educational Program Code (EPC): \_\_\_\_\_
- \* Graduation Date (MM/DD/YY): \_\_\_\_\_
- \* 13. Have you taken this examination before?  
 Yes  No
- Month: \_\_\_\_\_ Year: \_\_\_\_\_
- Transcript enclosed with application
  - Transcript will be sent separately

### Americans with Disabilities Act (ADA)

- \* 14. Will you require special accommodations for the administration of this examination?  
 Yes (Complete Part 1 and 2)  No

### 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 the release of my name to be posted on AHIMA's website.

### 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 CAHIIM-approved HIM programs maintain high standards of educational excellence. Program directors use this data to continuously improve upon their curriculum and student learning.  
 I do not authorize the release of my name to be posted on AHIMA's website.

## Education and Experience

- \* 17. What is your highest educational degree?  
Please select one.
- (04)  Associate Degree  
 (05)  Baccalaureate Degree  
 (06)  Master's Degree  
 (07)  Doctorate  
 (08)  Doctor of Law (JD)  
 (09)  Doctor of Medicine (MD)  
 (10)  AHIMA Approved Coding Program  
 (99)  Other \_\_\_\_\_
- \* 18. What is your current work setting? (*Please select one.*)
- (01)  Ambulatory Care Facility  
 (02)  Behavioral/Mental Health Facility  
 (03)  Consultant/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)  Nonprovider Organization  
 (14)  Physician's Office  
 (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
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: \_\_\_\_\_

## Examination Fees

- RHIA Member      \$229  
 RHIA Nonmember      \$299  
 RHIT Member      \$229  
 RHIT Nonmember      \$299

## Method of Payment

- Check/Money Order: Payable to AHIMA  
 Credit Card:  
 Visa       MasterCard  
 American Express       Discover  
 Account Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
 Credit Card Holder's Name: \_\_\_\_\_  
 Credit Card Holder's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_  
*Note that the name and address fields are case sensitive.*

## AHIMA Exam Application Checklist

22. Candidates must ensure that all items on this checklist are completed in order for their exam application to be processed:
- Read the Candidate Guide  
 Ensure the name on your AHIMA account and exam application matches the name on your primary and secondary identification used for admission at the test center  
 Confirm meeting eligibility criteria  
 Include payment (credit card, check, money order)  
 Complete special accommodations form (American with Disabilities Act), if applicable  
 Sign Statement of Understanding
- For Early Testing candidates: Include completed application for early testing with exam application  
 For Certificate of Degree candidates: Send in verification letter from Program Director with exam application  
 For all other candidates: Send in official (sealed) transcripts separately to:

### Paper:

Certification Transcripts  
 233 N. Michigan Ave., 21st Fl.  
 Chicago, IL 60601

### OR

### Send electronically to:

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

\_\_\_\_\_

\_\_\_\_\_

## Statement of Understanding

I hereby apply to write the RHIA/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, as well as any other requirements set forth in this application. I certify that the information provided by me on this application (and any other 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: \_\_\_\_\_

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

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