

Examination Application

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

Certified in Healthcare Privacy and Security (CHPS) Certified Health Data Analyst (CHDA)

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

- * 1. Examination Type: CHPS CHDA
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: _____

AHIMA Credential History

- * 12. Have you taken this examination before?
 Yes No
Credential and Date: _____
(703) Healthcare information management credential (RHIA®)
- * 13. Have you ever had an AHIMA credential revoked?
 Yes No
Credential and Date: _____
(704) Master's in Health Information Management (HIM) or Health Informatics from an accredited school
(602) Master's or higher degree and one (1) year of healthcare data experience

CHPS New Eligibility

- * 14. Eligibility (Indicate your eligibility for this examination.)
- (700) Associate's degree and six (6) years experience in healthcare privacy or security management
- (701) Healthcare information management credential (RHIT) and minimum of four (4) years experience in healthcare privacy or security management
- (702) Baccalaureate degree and a minimum of four (4) years experience in healthcare privacy or security management
- (703) Healthcare information management credential (RHIA) and minimum two (2) years of experience in healthcare privacy or security management
- (704) Master's or related degree (JD, MD, PhD, PA, or NP) and two (2) years of experience in healthcare privacy or security management

CHDA New Eligibility

- * 15. Eligibility (Indicate your eligibility for this examination.)
- (603) Healthcare information management credential (RHIT®) and minimum of three (3) years of healthcare data experience
- (600) Baccalaureate degree and a minimum

of three (3) years of healthcare data experience

I certify that the eligibility information provided by me is accurate and attest that I meet the eligibility criteria for the _____ exam. I understand that all _____ certifications awarded are subject to audit in order to verify candidate eligibility. If my application is selected as a result of the audit process, I will be required to submit documentation to support the eligibility information in my application. I further understand that if any information is later determined to be false, the Commission on Certification for Health Informatics and Information Management (CCHIIM) can reject my application and not allow me to take the examination; invalidate the results of my examination; and revoke any certifications issued.

Education and Experience

- * 16. What is your highest educational degree? Please select one.
- (01) High School Graduate
- (02) HIM Certificate Program
- (03) AHIMA ISP Program
- (04) Associate's 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 _____



