

Examination Application

Certified Document Improvement Practitioner (CDIP)

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

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

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

Eligibility

- * 11. Have you taken this examination before?
 Yes No
Credential and Date: _____
- * 12. Have you ever had an AHIMA credential revoked?
 Yes No
Credential and Date: _____

Eligibility

- * 13. Indicate your eligibility for this exam.
- An RHIA, RHIT, CCS, CCS-P, RN, MD, DO, PA and two (2) years experience in clinical documentation improvement.
- An Associate's degree or higher and three (3) years of experience in clinical documentation improvement (candidates must also have completed coursework in medical terminology and anatomy and physiology)

Experience will be verified through an audit process of candidates' resumes. Upon audit, resumes must indicate experience in clinical documentation improvement.

Please provide some brief information substantiating your eligibility in the space below.

Education and Experience

- * 14. What is your current work setting?
(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: _____
15. Who is covering the cost of this examination?
(01) Examinee (02) Employer (03) Both
16. 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: _____



Americans with Disabilities Act (ADA)

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

Release of Examination Results

- 18. Will you require special accommodations for the administration of this examination?
 - No
 - Yes (If yes, complete Part 1 and 2)

Eligibility Attestation

19. I certify that the eligibility information provided by me is accurate and attest that I meet the eligibility criteria for the CDIP exam. I understand that all certifications awarded are subject to audit in order to verify candidate eligibility. If my application is selected 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 exam; invalidate the results of my exam and revoke any certification issued.

Signature: _____

Date: _____

Examination Fees

- AHIMA Member \$259
- AHIMA Nonmember \$329

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.

How did you find out about the CDIP certification?

Statement of Understanding

I hereby apply to write the CDIP 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: _____

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