

Examination Application

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

Certified Coding Associate (CCA)
Certified Coding Specialist (CCS)
Certified Coding Specialist—Physician-based (CCS-P)

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

- * 1. Examination Type: CCA CCS CCS-P
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: _____
- * 13. Have you ever had an AHIMA credential revoked?
 Yes No
Credential and Date: _____

Eligibility

- * 14. Indicate your eligibility for the examinations listed below.
- CCA**
(605) US High School diploma or equivalent
- CCS and CCS-P (You must select one of the criteria below)**
(606A) RHIA, RHIT, or CCS/CCS-P; OR
(606B) Completion of a coding training program that includes anatomy and physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic/procedural and CPT coding.
(606C) Minimum of two (2) years of related coding experience directly applying codes
(606D) CCA plus one (1) year of coding experience directly applying codes: OR
(606E) Coding credential from other certifying organization plus one (1) year coding experience directly applying codes

Education (continued on page 2)

- * 15. Indicate your eligibility for the examinations listed below.
- (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 _____



Education and Experience

- *16. 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) Non-Provider Organization
(14) Physician's Office
(98) Currently Not Employed
(99) Other: _____
17. Who is covering the cost of this examination?
(01) Examinee (02) Employer (03) Both
- *18. If you indicated "AHIMA-Approved Coding Program" on Question #15, indicate your program's Education Program Code (EPC):

19. 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)

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

Release of Examination Results

- *21A. **AHIMA'S Website**—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.
- *21B. **School Reports**—All examination scores are reported to the appropriate AHIMA-approved coding program. Your name will be reported with your scores if you authorize the release of your name.
 I do not authorize the release of my name to my academic program (CCA only).

- *21C. **Employer Letter**— if you successfully pass the examination, AHIMA will send a recognition letter to your employer. (No letter is sent for unsuccessful candidates.)
 I authorize AHIMA to send a letter to my employer.
- Supervisor's Name: _____
Supervisor's Title: _____
Company: _____
Address: _____
City: _____
State: _____ Postal Code: _____
Country: _____

Examination Fees

- | | |
|--|-------|
| <input type="checkbox"/> CCA Member | \$199 |
| <input type="checkbox"/> CCA Nonmember | \$299 |
| <input type="checkbox"/> CCS Member | \$299 |
| <input type="checkbox"/> CCS Nonmember | \$399 |
| <input type="checkbox"/> CCS-P Member | \$299 |
| <input type="checkbox"/> CCS-P Nonmember | \$399 |

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

21. Candidates must ensure that all items on this checklist are completed in order for their exam to be processed:
- Read the Candidate Guide
 Make sure the first and last name provided on the application matches the name on the primary Identification
 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

How did you find out about the CCA, CCS, and/or CCS-P certification?

Statement of Understanding

I hereby apply to write the CCA/CCS/CCS-P 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: _____