Examination Application

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

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: __________

7. Employer: _______________________________________________________________________________
   Title: ___________________________________________________________________________________
   Work Address: _____________________________________________________ Suite: ________________

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

AHIMA-Approved Coding Program

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 _______________________________

AHIMA
American Health Information Management Association®
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

   □ CCA Member $199
   □ CCA Nonmember $299
   □ CCS Member $299
   □ CCS Nonmember $399
   □ CCS-P Member $299
   □ CCS-P Nonmember $399

Method of Payment (Source Code: RMAIL)

   □ Check/Money Order: Payable to AHIMA
   □ Credit Card:
     □ Visa
     □ Mastercard
     □ American Express
     □ Discover
   Account Number: ______________________________
   Expiration Date: ______________________________
   Signature: ______________________________

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: ______________________

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