Certified Coding Specialist (CCS) Outside The U.S. Exam Application

Please submit this application with the appropriate fee to:  AHIMA
233 North Michigan Avenue, 21st floor
Chicago, IL 60601-5800
ATTN: CCS Outside The U.S. Exam Application
Fax: 312-233-1500

Type or print neatly. * 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:   O Home   O 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: ____________________  9.* Home Phone: ____________________

8. Fax Number: ____________________ 11. *E-mail Address: ____________________

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: ____________________
*14. Eligibility (Indicate your eligibility for this examination)

**IMPORTANT:** Effective June 1, 2017, candidates applying for the CCS exam outside of the US must submit a letter from their employer verifying they meet the required coding experience to sit for the exam, based on the eligibility pathways below requiring experience.

- (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; OR

- (606C) Minimum of two (2) years of related coding experience directly applying code (Employer letter required); OR

- (606D) CCA plus one (1) year of coding experience directly applying codes (Employer letter required); OR

- (606E) Coding credential from other certifying organization plus one (1) year coding experience directly applying codes (Employer letter required)*

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 ________________________________

17. Who is covering the cost of this examination?
- (01) Examinee
- (02) Employer
- (03) Both

18. 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: ________________________________

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: ________________________________

20. Will you require special accommodations for the administration of this examination?
- Yes (Complete Forms 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. 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:

CCS Outside The U.S. Examination Fees—

☐ AHIMA member fee: ......$299
☐ Nonmember fee: ............$399

Indicate Method of Payment

Credit Card: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

If payment is by credit card, please provide the following information.

Credit Card #: Exp. Date: 
CVV: Card Holder Name:
Card Holder Address (case sensitive):
Signature:

Statement of Understanding

I hereby apply to write the CCS examination. I have read and fully understand the Certification Candidate Guide and all sections herein, 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 on this application (and any subsequent forms submitted in relation to this application) is accurate. I understand that falsification in this 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: