Certified Coding Specialist (CCS) International Exam Application
Applications due by May 6, 2015

Please submit this application with the appropriate fee to:
AHIMA
233 North Michigan Avenue, 21st floor
Chicago, IL 60601-5800
ATTN: CCS International 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: ☐ Home ☐ 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)

___(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 code

___(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*

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: _________________________________

Americans with Disabilities Act (ADA)

* 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 International Examination Fees—**

☐ AHIMA member fee: ......$349

☐ Nonmember fee: ..........$449

**Indicate Method of Payment**

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

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

Account #: ____________________________ Exp. Date: ______________

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: ______________