



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

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Please submit this application with the appropriate fee to:

AHIMA  
233 North Michigan Avenue, 21<sup>st</sup> 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:     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)

**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: \_\_\_\_\_

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 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: \_\_\_\_\_