Examination Application – Outside the US

Certified Document Improvement Practitioner (CDIP)

Please submit this application with the appropriate fee to:
AHIMA
233 N. Michigan Ave., 21st Floor
Chicago, IL 60601
ATTN: CDIP outside the U.S. Exam Application
Fax: 312-233-1500

Type or print clearly. 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 or □Work

* 5. Home Address: ______________________________________ Apt. #: ____________
City: ____________________________ State: ______ Zip Code: ____________ Country: ____________

6. Employer:
Title: ____________________________
Work Address: ______________________________________ Suite: ____________
City: ____________________________ State: ______ Zip Code: ____________ Country: ____________

7. Work Phone: ____________________________  * 8. Home Phone: ____________________________

9. Fax: ____________________________  10. E-mail: ____________________________

Eligibility
* 11. Have you taken this examination before?
□ Yes □ No
Credential and Date: ____________________________

* 12. Have you ever had an AHIMA credential revoked?
□ Yes □ No
Credential and Date: ____________________________

Eligibility
* 13. Indicate your eligibility for this exam.
□ An RHIA, RHIT, CCS, CCS-P, RN, MD, DO, PA and two (2) years experience in clinical documentation improvement.
□ An Associate’s degree or higher and three (3) years of experience in clinical documentation improvement (candidates must also have completed coursework in medical terminology and anatomy and physiology).
Experience will be verified through an audit process of candidates’ resumes. Upon audit, resumes must indicate experience in clinical documentation improvement.

Please provide some brief information substantiating your eligibility in the space below.

________________________________________
________________________________________

Education and Experience
* 14. 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: ____________________________
15. Who is covering the cost of this examination?
   (01) ☐ Examinee (02) ☐ Employer (03) ☐ Both

16. 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)
* 17. Will you require special accommodations for the administration of this examination?
   ☐ Yes (Complete Part 1 and 2)
   ☐ No

Release of Examination Results
* 18. All individuals who successfully pass the exam are recognized for this achievement on the Newly Credentialed Professionals page of AHIMA’s website. A recognition letter will also be sent to your employer,
   ☐ I authorize AHIMA to post my name on the AHIMA website.
   ☐ I authorize AHIMA to send a letter to my employer.
   Supervisor’s Name: __________________________
   Supervisor’s Title: __________________________
   Company: __________________________
   Address: __________________________
   City: __________________________
   State: __________________________ Postal Code: __________________________
   Country: __________________________

19. Will you require special accommodations for the administration of this examination?
   ☐ No ☐ Yes (If yes, complete Part 1 and 2)

Eligibility Attestation
20. I certify that the eligibility information provided by me is accurate and attest that I meet the eligibility criteria for the CDIP exam. I understand that all certifications awarded are subject to audit in order to verify candidate eligibility. If my application is selected I will be required to submit documentation to support the eligibility information in my application. I further understand that if any information is later determined to be false, the Commission on Certification for Health Informatics and Information Management (CCHIIM) can reject my application and not allow me to take the exam; invalidate the results of my exam and revoke any certification issued.

   Signature: __________________________
   Date: __________________________

Examination Fees
   ☐ AHIMA Member $259
   ☐ AHIMA Nonmember $329

Method of Payment
   ☐ Check/Money Order: Payable to AHIMA
   ☐ Credit Card: YES
     Visa ☐ Mastercard ☐ American Express ☐ Discover
   Account #: __________________________
   CVV: ________ Expiration Date: __________
   Card Holder Name: __________________________
   Card Holder Address: __________________________
   Signature: __________________________

Statement of Understanding
I hereby apply to write the CDIP 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: __________________________
Submitting your Application - Three (3) options:

1. **By E-mail:**

   Please scan your completed application and send to: certification@ahima.org

   OR

2. **By Mail:**

   AHIMA  
   233 North Michigan Ave., 21st Floor  
   Chicago, IL 60601-5800  
   ATTN: CDIP Outside the US Exam Application

   OR

3. **By Fax:** (312) 233-1500