

Examination Application

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

**Certified in Healthcare Privacy and Security (CHPS)
Certified Health Data Analyst (CHDA)**

Type or print clearly. An asterisk (*) indicates a required field.

- * 1. Examination Type: CHPS CHDA
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: _____
City: _____ State: _____ Zip Code: _____ Country: _____
7. Employer: _____
Title: _____
Work Address: _____ Suite: _____
City: _____ State: _____ Zip Code: _____ Country: _____
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: _____

CHPS New Eligibility

- * 14. Eligibility (Indicate your eligibility for this examination.)
- (700) Associate's degree and six (6) years experience in healthcare privacy or security management
- (701) Healthcare information management credential (RHIT) and minimum of four (4) years experience in healthcare privacy or security management
- (702) Baccalaureate degree and a minimum of four (4) years experience in healthcare privacy or security management
- (703) Healthcare information management credential (RHIA) and minimum two (2) years of experience in healthcare privacy or security management
- (704) Master's or related degree (JD, MD, PhD, PA, or NP) and two (2) years of experience in healthcare privacy or security management

CHDA New Eligibility

- * 15. Eligibility (Indicate your eligibility for this examination.)
- (603) Healthcare information management credential (RHIT®) and minimum of three (3) years of healthcare data experience
- (600) Baccalaureate degree and a minimum of three (3) years of healthcare data experience
- (703) Healthcare information management credential (RHIA®)
- (704) Master's in Health Information Management (HIM) or Health Informatics from an accredited school
- (602) Master's or higher degree and one (1) year of healthcare data experience

I certify that the eligibility information provided by me is accurate and attest that I meet the eligibility criteria for the _____ exam. I understand that all _____ certifications awarded are subject to audit in order to verify candidate eligibility. If my application is selected as a result of the audit process, 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 examination; invalidate the results of my examination; and revoke any certifications issued.



Education and Experience

*16. What is your highest educational degree?

Please select one.

- (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. How many years of healthcare management experience do you have?

- (01) 1-5 years
- (02) 6-9 years
- (03) 10-13 years
- (04) 14-17 years
- (05) Over 17 years

* 18. What is your current work setting? (*Please select one.*)

- (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: _____

19. Who is covering the cost of this examination?

- (01) Examinee
- (02) Employer
- (03) Both

20. Have you primarily obtained privacy and security training? (Please select one.)

- (00) None
- (01) On the Job Experience
- (02) Seminars/Workshops
- (03) University Programs
- (99) Other: _____

21. 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)

*22. Will you require special accommodations for the administration of this examination?

- Yes (Complete Part 1 and 2)
- No

Release of Examination Results

*23A. **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.

23B. **Employer Letter**— if you successfully pass the examination, AHIMA will send a recognition letter to your employer. (No letter is sent for unsuccessful candidates.)

Supervisor's Name: _____

Supervisor's Title: _____

Company: _____

Address: _____

City: _____

State: _____ Postal Code: _____

Country: _____

Examination Fees

- AHIMA Member \$259
- AHIMA Nonmember \$329

Method of Payment

- 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 CHPS/CHDA certification?

Statement of Understanding

I hereby apply to write the CHPS/CHDA 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: _____