



Certificate Order Form

Please submit this form with the appropriate fee to:

AHIMA
 Attn: Membership Department
 P O box 77-3081
 Chicago, IL 60678-3081

AHIMA ID Number: _____

Type or print neatly.

Certificate Type	Certificate Number	Date Issued
Certified Coding Associate		
Certified Coding Specialist		
Certified Coding Specialist – Physician based		
Certified in Healthcare Privacy		
Certified in Healthcare Privacy and Security		
Certified Health Data Analyst		
Clinical Documentation Improvement Practitioner		
Certified Professional in Health Informatics		
Registered Health Information Administrator		
Registered Health Information Technician		
Certified Healthcare Technology Specialist - CP		
Certified Healthcare Technology Specialist -IM		
Certified Healthcare Technology Specialist - IS		
Certified Healthcare Technology Specialist - PW		
Certified Healthcare Technology Specialist - TS		
Certified Healthcare Technology Specialist - TR		

Reason for Reprint Request:

- Name/Address Change
- Change of Credential Acronym (RRT/RRA)
- Misplaced
- Other _____

In order to receive a replacement certificate, your CEUs and, if applicable, self-review must be current

Name as it should appear on certificate:

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Shipping Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Home Phone: _____ E-mail Address: _____

Payment information on next page.

Method of Payment:

Replacement Certificates cost \$35 each. Please allow 6 – 8 weeks for delivery.

Check/Money Order - Payable to AHIMA VISA MasterCard American Express

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

Credit Card Number: _____ Expiration Date: _____

CVV: _____ Charge Amount: _____

Name as is appears on card: _____

Card Holder Address (case sensitive): _____

Signature: _____