PART 1 (to be completed by exam candidate)

EXAM CANDIDATE

Name: ____________________________ (First) ____________________________ (Middle) ____________________________ (Last)

RHI A ______  RHIT ______  AHIMA ID Number (if applicable): ____________________________

Preferred Mailing Address: ____________________________ (Street Address) ____________________________ (City)

______________________________ (State) ____________________________ (Zip) ____________________________ (Country)

Work Phone: ____________________________  Home Phone: ____________________________

I hereby apply for early testing and will fulfill all the requirements for early testing as stated in the FAQs located at www.ahima.org/certification. The information contained in Part 1 of this application is accurate and complete as of the date that I sign. Furthermore, I understand that in order to obtain my credential, I must send in a paper exam application with this form, pass the RHI A/RHIT exam, complete all coursework in my respective Commission of Health Informatics and Information Management Education (CAHIIM) accredited program and send in a completed school transcripts to the membership department of AHIMA. Failure to meet one of these requirements will result in an incomplete application and AHIMA will not issue an official certificate or acknowledge my right to use this credential.

I have read and understand the contents of this application ____________________________ (Candidate Signature) ____________________________ (Date)

PART 2 (to be completed by program director)

PROGRAM DIRECTOR

Type of Program:  RHI A ☐  RHIT ☐

Program Director: ____________________________ (First) ____________________________ (Middle) ____________________________ (Last)

School: ____________________________ EPC (Educational Program Code): ____________________________

School Mailing Address: ____________________________ (Street Address) ____________________________ (City)

______________________________ (State) ____________________________ (Zip) ____________________________ (Country)

Work Phone: ____________________________  E-mail: ____________________________

I am the current program director of the aforementioned school and verify that all of the information contained in Part 1 and Part 2 of this application is current and accurate. Furthermore, I verify that this candidate is in his/her last term of learning and is eligible to register to apply for his exam under the FAQs found at www.ahima.org/certification.

______________________________ (Program Director Signature) ____________________________ (Date)
Examination Application

Registered Health Information Administrator (RHIA)
Registered Health Information Technician (RHIT)

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

If you submit transcripts separately, please send them to:
Certification Transcripts
233 N. Michigan Ave, 21st Floor
Chicago, IL 60601

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

* 1. Examination Type: ☐ RHIA  ☐ RHIT

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: __________________________

Eligibility

* 12. Indicate your eligibility for this examination.
   (001) ☐ Graduate of HIA—CAHIIM-accredited program
   (002) ☐ Healthcare information management
   (003) Graduate of HIT—CAHIIM-accredited program
   (998) ☐ Graduate of a formerly accredited program
   (510) ☐ An HIT certificate of completion from AHIMA’s ISP and an Associate’s degree
   from an accredited college.
   School Name: __________________________
   * Educational Program Code (EPC):
   ______________

   * Graduation Date (MM/D/YY): ______________

* 13. Have you taken this examination before?
  ☐ Yes  ☐ No
  Month: _________________ Year: _________________
  ☐ Transcript enclosed with application
  ☐ Transcript will be sent separately

Americans with Disabilities Act (ADA)

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

Employer Notification

* 15. If you successfully pass the examination a recognition letter will be sent to your employer. (No letter will be 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: ______________

Recognition on AHIMA’s Website

* 16. 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.
Release of Examination Results

*17. All examination scores are reported to the appropriate CAHIIM-accredited educational program. Your name will be reported with your score. Candidate score information helps CAHIIM-approved HIM programs maintain high standards of educational excellence. Program directors use this data to continuously improve upon their curriculum and student learning.

☐ I do not authorize the release of my name to be posted on AHIMA’s website.

Education and Experience

*18. What is your highest educational degree? (Please select one.)

(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
(09) Other: _________________________________

*19. 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
(08) Currently Not Employed
(99) Other: _________________________________

20. How many years of HIM experience do you have?

☐ Less than 1 year
☐ 1-4 years
☐ 5-10 years
☐ 11-19 years
☐ 20-29 years
☐ 30+ years

21. Who is covering the cost of this examination?

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

22. Which of the following credentials do you currently hold?

☐ CCA (01)
☐ CCS (02)
☐ CCS-P (03)
☐ CHP® (04)
☐ CHS (05)
☐ CHPS (06)
☐ CPC (07)
☐ CPC/H (08)
☐ CPHIMS (09)
☐ RHIA (10)
☐ RHIT (11)
☐ RN (12)
(99) Other: _________________________________

Examination Fees

☐ RHIA Member $229
☐ RHIA Nonmember $299
☐ RHIT Member $229
☐ RHIT Nonmember $299

Method of Payment

☐ Check/Money Order: Payable to AHIMA
☐ Visa
☐ Mastercard
☐ American Express
☐ Discover

Account Number: _______________________________
Expiration Date: _______________________________
Signature: _________________________________

Statement of Understanding

I hereby apply to write the RHIA/RHIT 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: ____________________________

MX9994
PART I

Request for Accommodations under the
Americans with Disabilities Act (ADA)

1. First Name: ________________________ MI: _______ Last Name: _________________________________

2. Address:  _______________________________________________________________________________
   City: ___________________________________________ State: ________ Zip Code: _____________
   Country:  _______________________________________________________________________________

3. For which of the following exams are you requesting accommodations?
   ☐ CCA ☐ CCS ☐ CCS-P ☐ RHIA ☐ RHIT ☐ CHPS ☐ CHDA ☐ CDIP ☐ CHTS

4. Nature of your disability:
   ☐ Hearing ☐ Learning
   ☐ Visual ☐ Psychiatric
   ☐ Physical ☐ Other, please specify ______________________________________________

5. How long ago was your disability diagnosed?
   ☐ Less than 1 year ☐ 1–2 years ☐ 2–5 years ☐ Over 5 years

6. In order to fully document your need for accommodations, please include a brief personal statement
   describing your disability and its impact on your daily life and educational functioning.

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

7. Have you previously received accommodations in any educational or testing situation?
   ☐ Yes ☐ No
   If yes, please describe the accommodations received.

_________________________________________________________________________________________________________

8. Which of the following accommodations are you requesting?
   ☐ Separate testing room ☐ Reader
   ☐ Extended testing time ☐ Other, please specify ______________________________
   ☐ Screen magnifier/zoom technology

I certify that the information provided above is true and accurate.

Signature: _________________________________________________ Date: ___________________________
PART II

Information to be provided by a qualified health professional, and attached to Part I of the ADA application.

- Documentation of disability assists AHIMA in determining reasonable accommodations under the Americans with Disabilities Act, which are determined on a case-by-case basis. If the submitted documentation is incomplete or does not support the request, the applicant will be asked to provide additional documentation. The cost of obtaining all documentation is borne by the applicant.

- The documentation submitted should be as comprehensive as possible in order to allow AHIMA to make an informed decision on the accommodation request and to avoid delays in the decision-making process.

- Documentation, along with the AHIMA Test Accommodation Request Form should be submitted to AHIMA early enough to allow sufficient time to review the request and implement reasonable accommodations and/or services within registration deadlines.

- Documentation must be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no familial relationship with the individual being evaluated. The individual making the diagnosis must be qualified to do so (for example, an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

- Documentation should be typed or printed on official letterhead with the name, title, professional credentials, address, phone number, and signature of the evaluator, as well as the date of the report.

**The documentation should be current.** Because the provision of reasonable accommodations is based on assessment of the current impact of the applicant’s disability on the testing activity, it is in the individual’s best interest to provide recent documentation. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past three years. Certain conditions such as some physical and psychiatric conditions are subject to change and should be updated for current functioning.
To support a request for test accommodations, please submit the following materials:

1. A completed AHIMA Test Accommodation Request Form.

2. A detailed, comprehensive written report from your treating professional describing your disability and its impact on your daily functioning. The report should also explain the need for the requested accommodations relative to your impairment.

The report and accompanying documentation should clearly state the following information:

- **A specific, professionally recognized diagnosis** of the disability using diagnostic codes from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or other professionally recognized formulation.

- **A description of the functional limitations** resulting from the diagnosed disability, including the identification of the major life activity that is limited by the disability, and how that major life activity is impacted.

- **A description of the specific diagnostic criteria** and names of the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results. This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history.

- **Specific test results using standard scores should be reported to support the diagnosis.** Diagnostic methods used should be appropriate to the disability and current professional practices within the field. All scores generated by each test must be reported in standard score format using adult age-based norms. Any additional informal or nonstandardized evaluation procedures should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

- **Copies of records** relating to and documenting the candidate’s disability, including educational, developmental, and/or medical history relevant to the disability for which testing accommodations are being requested.

- **A recommendation of specific accommodations and/or assistive devices** for the AHIMA examination including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations.

- **Identification of the professional credentials** of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

If you have any questions on the documentation needed, please see the AHIMA Documentation Guidelines at: http://www.ahima.org/-/media/AHIMA/Files/Certification/AHIMADocumentationGuidelines_HR_0918.ashx