

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

Please mail your official (sealed) transcripts **separately** to:
Certification Transcripts
233 N. Michigan Ave. 21st Floor
Chicago, IL 60601

OR

Send electronically to (if this option is available, vendor information is provided by your school):
CertificationTranscripts@ahima.org

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: _____
Maiden/Former Name: _____
- * 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.
- Graduate of HIA—CAHIIM-accredited program
 - Healthcare information management Graduate of HIT—CAHIIM-accredited program
 - Graduate of a formerly accredited program
 - Completion of a Certificate of the Degree Program
 - Graduate of an HIM CAHIIM-accredited program at the Master's level
 - An RHIT who meets the HIMR Proviso conditions
- School Name: _____
- * Educational Program Code (EPC): _____
- * Graduation Date (MM/DD/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 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 _____
- * 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
(98) Currently Not Employed
(99) Other: _____

20. How many years of HIM experience do you have?
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-4 years |
| <input type="checkbox"/> 5-10 years | <input type="checkbox"/> 11-19 years |
| <input type="checkbox"/> 20-29 years | <input type="checkbox"/> 30+ years |

21. Who is covering the cost of this examination?
- (01) Examinee (02) Employer (03) Both

22. Which of the following credentials do you currently hold?
- | | | |
|------------------------------------|--|--------------------------------------|
| (01) <input type="checkbox"/> CCA | (02) <input type="checkbox"/> CCS | (03) <input type="checkbox"/> CCS-P |
| (04) <input type="checkbox"/> CHP® | (05) <input type="checkbox"/> CHS | (06) <input type="checkbox"/> CHPS |
| (07) <input type="checkbox"/> CPC | (08) <input type="checkbox"/> CPC/H | (09) <input type="checkbox"/> CPHIMS |
| (10) <input type="checkbox"/> RHIA | (11) <input type="checkbox"/> RHIT | (12) <input type="checkbox"/> RN |
| (13) <input type="checkbox"/> CHDA | (99) <input type="checkbox"/> Other: _____ | |

Examination Fees

- | | |
|---|-------|
| <input type="checkbox"/> RHIA Member | \$229 |
| <input type="checkbox"/> RHIA Nonmember | \$299 |
| <input type="checkbox"/> RHIT Member | \$229 |
| <input type="checkbox"/> RHIT Nonmember | \$299 |

Method of Payment

- Check/Money Order: Payable to AHIMA
- Credit Card:
- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover |
- Account Number: _____
- Expiration Date: _____ CVV: _____
- Credit Card Holder's Name: _____
- Credit Card Holder's Address: _____
- _____
- Signature: _____
- note that the name and address fields are case sensitive*

AHIMA Exam Application Checklist

23. Candidates must ensure that all items on this checklist are completed in order for their exam application to be processed:
- Read the Candidate Guide
- Make sure the first and last name provided on the application matches the name on the primary identification
- Confirm meeting eligibility criteria
- Include payment (credit card, check, money order)
- Complete special accommodations form (American with Disabilities Act), if applicable
- Sign Statement of Understanding
- For Early Testing candidates: Include completed application for early testing with exam application
- For Certificate of Degree candidates: Send in verification letter from Program Director with exam application
- For all other candidates: Send in official (sealed) transcripts separately to:

Paper:

Certification Transcripts
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601

OR

Electronic (if this option is available, vendor information is provided by your school):
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How did you find out about the RHIA/RHIT certification?

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: _____

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