



2017 Annual Self Review
Due March 31, 2018
Circle One: CCA CCS CCS-P

Instructions: Mark your answers clearly by filling in the circle completely.

Name: _____

AHIMA ID: _____

- | 1. ABCD | 6. ABCD | 11. ABCD | 16. ABCD | 21. ABCD |
|---------|----------|----------|----------|----------|
| 0000 | 0000 | 0000 | 0000 | 0000 |
| 2. 0000 | 7. 0000 | 12. 0000 | 17. 0000 | 22. 0000 |
| 3. 0000 | 8. 0000 | 13. 0000 | 18. 0000 | 23. 0000 |
| 4. 0000 | 9. 0000 | 14. 0000 | 19. 0000 | 24. 0000 |
| 5. 0000 | 10. 0000 | 15. 0000 | 20. 0000 | 25. 0000 |

2017 Annual Self-Review Fee | \$20 (Member with Late Fee)

Please return this form with annual self-review fee plus \$20 late fee.

By Mail:

AHIMA Attn: Self Review Order, Dept. 77-2735, Chicago, IL 60678-2735

By Fax (Credit Card Only):

(312) 233-1500 Attn: Credential Recertification

Payment Method:

Check/Money Order VISA MasterCard American Express Discover

Phone Number: _____ E-mail: _____

Credit Card #: _____ Exp Date: _____

CVV: _____ Total: \$20

Name as it appears on card: _____

Card Holder Address (case sensitive): _____

Signature: _____