



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.

- | A B C D | A B C D | A B C D | A B C D | A B C D |
|----------------|----------------|----------------|----------------|----------------|
| 1. 0 0 0 0 | 6. 0 0 0 0 | 11. 0 0 0 0 | 16. 0 0 0 0 | 21. 0 0 0 0 |
| 2. 0 0 0 0 | 7. 0 0 0 0 | 12. 0 0 0 0 | 17. 0 0 0 0 | 22. 0 0 0 0 |
| 3. 0 0 0 0 | 8. 0 0 0 0 | 13. 0 0 0 0 | 18. 0 0 0 0 | 23. 0 0 0 0 |
| 4. 0 0 0 0 | 9. 0 0 0 0 | 14. 0 0 0 0 | 19. 0 0 0 0 | 24. 0 0 0 0 |
| 5. 0 0 0 0 | 10. 0 0 0 0 | 15. 0 0 0 0 | 20. 0 0 0 0 | 25. 0 0 0 0 |

2017 Annual Self-Review Fee | \$55 (Non-Member)

Please return this form with \$55 annual self-review fee.

By Mail:

Credential Recertification, AHIMA, 38604 Eagle Way, Chicago, IL 60678-1386

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: _____

Name as it appears on card: _____

Card Holder Address (case sensitive): _____

Signature: _____