



Commission on Certification for Health Informatics and Information Management (CCHIIM) Recertification Appeal Submission Form

Appeals to CCHIIM by credentialed professionals or candidates are strictly limited to disputes regarding permanent revocation due to their failure to meet CCHIIM recertification requirements. If you are in grace period or inactive status, please refer to the Recertification Guide. Appeals regarding exam results and exam eligibility are no longer accepted.

SECTION A: Candidate or Certificant Information

AHIMA ID Number (if applicable): _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____ Email: _____

SECTION B: Appeal Information

Which credential(s) do you currently hold?

- | | | | |
|-------|------|------|------|
| CCA | RHIA | CHDA | CPHI |
| CCS | RHIT | CDIP | |
| CCS-P | CHPS | CHTS | |

Submitted for initial review or appeal? (Please circle one)

Supporting Documentation for Appeal (Please describe each document being submitted as part of this appeal submission form)

SECTION C: Fees and Mailing Information

Per the CCHIIM Disciplinary and Appeal policy, all submitted appeals must include this mandatory fee, and must be included with the original submission for an initial review.

The appeal processing fee is \$100 and is non-refundable. Please make check or money order payable to AHIMA.



COMMISSION ON CERTIFICATION

Credit Card: Visa/Master Card/ American Express

Account # _____

Expiration Date: _____ **CVV#** _____

Card Holder Name:* _____

Card Holder Address:* _____ **City:** _____

***Note: letters are case sensitive**

State: _____ **Zip Code:** _____

Signature: _____

Please submit the completed form and payment to:

**AHIMA
C/o CCHIIM Certification: Appeals
233 N. Michigan Avenue
Chicago, IL 60601**

I certify that the information provided within this CCHIIM appeals submission form is true and accurate.

Signature: _____ **Date:** _____