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.
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: ___________________