

Examination Application – Outside the US

Certified Health Data Analyst (CHDA)

Please submit this application with the appropriate fee to:

AHIMA
233 N. Michigan Ave., 21st Floor
Chicago, IL 60601
ATTN: CHDA outside the U.S. Exam Application
Fax: 312-233-1500

Type or print clearly. An asterisk (*) indicates a required field.

1. AHIMA ID Number: _____ * 2. Date of Birth: _____
- * 3. First Name: _____ MI: _____ Last Name: _____ Suffix: _____
- * 4. Preferred Mailing Address: Home or Work
- * 5. Home Address: _____ Apt. #/PO Box: _____
City: _____ State: _____ Zip Code: _____ Country: _____
6. Employer: _____
Title: _____
Work Address: _____ Suite: _____
City: _____ State: _____ Zip Code: _____ Country: _____
7. Work Phone: _____ * 8. Home Phone: _____
9. Fax: _____ 10. E-mail: _____

Eligibility

- * 11. Have you taken this examination before?
 Yes No
Credential and Date: _____
- * 12. Have you ever had an AHIMA credential revoked?
 Yes No
Credential and Date: _____

Eligibility

- * 13. Indicate your eligibility for this exam.
- Healthcare information management credential (RHIT®) and minimum of three (3) years of healthcare data experience
 - Baccalaureate degree and a minimum of three (3) years of healthcare data experience
 - Healthcare information management credential (RHIA®)
 - Master's in Health Information Management (HIM) or Health Informatics from an accredited school
 - Master's or higher degree and one (1) year of healthcare data experience

Please provide some brief information substantiating your eligibility in the space below.

Education and Experience

- * 14. What is your current work setting?
- (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: _____

Experience will be verified through an audit process of candidates' resumes. Upon audit, resumes must indicate experience in clinical documentation improvement.

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

16. Which of the following credentials do you currently hold?
(01) CCA (02) CCS (03) CCS-P
(04) CHF (05) CHS (06) CHPS
(07) CPC (08) CPC/I (09) CPHIM
(10) RHI (11) RHIT (12) RN
(13) CHDA (99) Other: _____

Americans with Disabilities Act (ADA)

* 17. Will you require special accommodations for the administration of this examination?
 Yes (Complete Part 1 and 2)
 No

Release of Examination Results

* 18. All individuals who successfully pass the exam are recognized for this achievement on the Newly Credentialed Professionals page of AHIMA's website. A recognition letter will also be sent to your employer.
 I authorize AHIMA to post my name on the AHIMA website.
 I authorize AHIMA to send a letter to my employer.
Supervisor's Name: _____
Supervisor's Title: _____
Company: _____
Address: _____
City: _____
State: _____ Postal Code: _____
Country: _____

19. Will you require special accommodations for the administration of this examination?
 No Yes (If yes, complete Part 1 and 2)

Eligibility Attestation

20. I certify that the eligibility information provided by me is accurate and attest that I meet the eligibility criteria for the CHDA exam. I understand that all certifications awarded are subject to audit in order to verify candidate eligibility. If my application is selected I will be required to submit documentation to support the eligibility information in my application. I further understand that if any information is later determined to be false, the Commission on Certification for Health Informatics and Information Management (CCHIIM) can reject my application and not allow me to take the exam; invalidate the results of my exam and revoke any certification issued.

Signature: _____

Date: _____

Examination Fees

AHIMA Member \$259
 AHIMA Nonmember \$329

Method of Payment

Check/Money Order: Payable to AHIMA

Credit Card:

Visa
 Mastercard
 American Express
 Discover

Account #: _____

CVV: _____ Exp. Date: _____

Card Holder Name: _____

Card Holder Address: _____

Signature: _____

How did you find out about the CHDA certification?

Statement of Understanding

I hereby apply to write the CHDA 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: _____

Submitting your Application - Three (3) options:

1. By E-mail:

Please scan your completed application and send to: certification@ahima.org

OR

2. By Mail:

AHIMA
233 North Michigan Ave., 21st Floor
Chicago, IL 60601-5800
ATTN: CHDA Outside the US Exam Application

OR

3. By Fax: (312) 233-1500