Application for Early Testing

PART 1 (to be completed by exam candidate)

EXAM CANDIDATE

Name: ____________________________ (First) ____________________________ (Middle) ____________________________ (Last)

RHIA _______ RHIT _______ AHIMA ID: ____________________________

Preferred Mailing Address: ____________________________

(Street Address) ____________________________ (City) ____________________________

(State) ____________________________ (Zip)

Phone: ____________________________ Email: ____________________________

I hereby apply for early testing and will fulfill all the requirements for early testing as stated in the FAQs located at www.ahima.org/certification. The information contained in Part 1 of this application is accurate and complete as of the date that I sign. Furthermore, I understand that in order to obtain my credential, I must send in a paper exam application with this form, pass the RHIAIRHIT exam, complete all coursework in my respective Commission of Health Informatics and Information Management Education (CAHIIM) accredited program and send in a completed school transcripts to the membership department of AHIMA. Failure to meet one of these requirements will result in an incomplete application and AHIMA will not issue an official certificate or acknowledge my right to use this credential.

I have read and understand the contents of this application ____________________________ (Candidate Signature)

PART 2 (to be completed by program director)

PROGRAM DIRECTOR

Type of Program: HIA _______ HIT _______

Program Director: ____________________________ (First) ____________________________ (Middle) ____________________________ (Last)

School: ____________________________ EPC (Educational Program Code): _______

School Mailing Address: ____________________________

(Street Address) ____________________________ (City) ____________________________

(State) ____________________________ (Zip)

Phone: ____________________________ Email: ____________________________

I am the current program director of the aforementioned school and verify that all of the information contained in Part 1 and Part 2 of this application is current and accurate. Furthermore, I verify that this candidate is in his/her last term of learning and is eligible to register to apply for his exam under the FAQs found at www.ahima.org/certification.

_______________________________ (Program Director Signature) ____________________________ (Date)
Examination Application

Registered Health Information Administrator (RHIA)
Registered Health Information Technician (RHIT)

Please submit this application with the appropriate fee to:
Attn: Coding Exams, AHIMA
Dept. 77-3081
Chicago, IL 60678-3081

Please mail your official (sealed) transcripts separately to:
Certification Transcripts
233 N. Michigan Ave. 21st Floor
Chicago, IL 60601

OR
Send electronically to (if this option is available, vendor information is provided by your school):
CertificationTranscripts@ahima.org

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

1. Examination Type:  ☐ RHIA  ☐ RHIT

2. AHIMA ID Number: ______________________________

3. Date of Birth: ____________________

4. First Name: _____________________ MI: ____ Last Name: ___________________________ Suffix: ______
   Maiden/Former Name:   ____________________________________________________________________

5. Preferred Mailing Address:  ☐ Home or  ☐ Work

6. Home Address: ___________________________________________________ Apt. #/PO Box: __________

7. Work Address: _____________________________________________________ Suite: ________________

8. Work Phone: ______________________________  Home Phone:  _____________________________

9. Fax: ______________________________  E-mail: ____________________________________________

Eligibility

12. Indicate your eligibility for this examination.
   ☐ Graduate of HiA—CAHIIM-accredited program
   ☐ Healthcare information management Graduate of HIT—CAHIIM-accredited program
   ☐ Graduate of a formerly accredited program
   ☐ Completion of a Certificate of the Degree Program
   ☐ Graduate of an HIM CAHIIM-accredited program at the Master’s level
   ☐ An RHIT who meets the HIMR Proviso conditions
   School Name: ______________________________
   * Educational Program Code (EPC):
     __________________________________________

   * Graduation Date (MM/DD/YY): ______________________

13. Have you taken this examination before?
   ☐ Yes  ☐ No
   Month: ________________ Year: ________________
   ☐ Transcript enclosed with application
   ☐ Transcript will be sent separately

Americans with Disabilities Act (ADA)

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

Employer Notification

15. If you successfully pass the examination a recognition letter will be sent to your employer. (No letter will be sent for unsuccessful candidates.)
   ☐ I authorize AHIMA to send a letter to my employer.
     Supervisor’s Name: _____________________________
     Supervisor’s Title:  __________________________________
     Company: _______________________________________
     Address: _______________________________________
     City: ___________________________________________
     State: ___________________ Postal Code: ___________
     Country: _______________________________________

Recognition on AHIMA’s Website

16. All candidates who successfully pass the examination are recognized for this achievement on AHIMA’s website.
   ☐ I do not authorize the release of my name to be posted on AHIMA’s website.
Release of Examination Results

* 17. All examination scores are reported to the appropriate CAHIIM-accredited educational program. Your name will be reported with your score. Candidate score information helps CAHIIM-approved HIM programs maintain high standards of educational excellence. Program directors use this data to continuously improve upon their curriculum and student learning.

☐ I do not authorize the release of my name to be posted on AHIMA's website.

Education and Experience

* 18. What is your highest educational degree? Please select one.

(04) ☐ Associate Degree
(05) ☐ Baccalaureate Degree
(06) ☐ Master's Degree
(07) ☐ Doctorate
(08) ☐ Doctor of Law (JD)
(09) ☐ Doctor of Medicine (MD)
(10) ☐ AHIMA Approved Coding Program
(99) ☐ Other ____________________________

* 19. What is your current work setting? (Please select one.)

(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: ____________________________

20. How many years of HIM experience do you have?

☐ Less than 1 year ☐ 1–4 years
☐ 5–10 years ☐ 11–19 years
☐ 20–29 years ☐ 30+ years

21. Who is covering the cost of this examination?

(01) ☐ Examinee ☐ Employer ☐ Both

22. Which of the following credentials do you currently hold?

(01) ☐ CCA ☐ CCS ☐ CCS-P
(04) ☐ CHP* ☐ CHS ☐ CHPS
(07) ☐ CPC ☐ CPC/H ☐ CPHIMS
(10) ☐ RHIA ☐ RHIT ☐ RN
(13) ☐ CHDA ☐ Other: ____________________________

Examination Fees

☐ RHIA Member $229
☐ RHIA Nonmember $299
☐ RHIT Member $229
☐ RHIT Nonmember $299

Method of Payment

☐ Check/Money Order: Payable to AHIMA
Credit Card:
☐ Visa ☐ MasterCard
☐ American Express ☐ Discover
Account Number: ____________________________
Expiration Date: _____________ CVV: _____________
Credit Card Holder’s Name: ____________________________
Credit Card Holder’s Address: ____________________________

Signature: ____________________________

Note that the name and address fields are case sensitive.

AHIMA Exam Application Checklist

23. Candidates must ensure that all items on this checklist are completed in order for their exam application to be processed:

☐ Read the Candidate Guide
☐ Make sure the first and last name provided on the application matches the name on the primary Identification
☐ Confirm meeting eligibility criteria
☐ Include payment (credit card, check, money order)
☐ Complete special accommodations form (American with Disabilities Act), if applicable
☐ Sign Statement of Understanding
☐ For Early Testing candidates: Include completed application for early testing with exam application
☐ For Certificate of Degree candidates: Send in verification letter from Program Director with exam application
☐ For all other candidates: Send in official (sealed) transcripts separately to:

Paper:
Certification Transcripts
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601
OR
Electronic (if this option is available, vendor information is provided by your school):
CertificationTranscripts@ahima.org

How did you find out about the RHIA/RHIT certification?

___________________________________________________________________________________________________________

Statement of Understanding

I hereby apply to write the RHIA/RHIT 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: ____________________________

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