



Certified Coding Specialist—Physician-based (CCS-P) Outside The U.S. Exam Application

Please submit this application with the appropriate fee to:

AHIMA
233 North Michigan Avenue, 21st floor
Chicago, IL 60601-5800
ATTN: CCS-P Outside The U.S. Exam Application
Fax: 312-233-1500

*Type or print neatly. * 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 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: _____ 9.* Home Phone: _____
8. Fax Number: _____ 11.* E-mail Address: _____

AHIMA Credential History

* 12. Have you taken this examination before? Yes / No

Credential and Date: _____

* 13. Have you ever had an AHIMA credential revoked? Yes / No

Credential and Date: _____

***14. Eligibility (Indicate your eligibility for this examination)**

____(606A) RHIA, RHIT, or CCS/CCS-P; OR

____(606B) Completion of a coding training program that includes anatomy and physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic/procedural and CPT coding.

____(606C) Minimum of two (2) years of related coding experience directly applying code

____(606D) CCA plus one (1) year of coding experience directly applying codes: OR

____(606E) Coding credential from other certifying organization plus one (1) year coding experience directly applying codes*

15. Indicate your eligibility for the examinations listed below.

- ___(01) High School Graduate
- ___(02) HIM Certificate Program
- ___(03) AHIMA ISP Program
- ___(04) Associate's 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 _____

Education and Experience

* 16. 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: _____

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

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

- ___(01) CCA
- ___(02) CCS
- ___(03) CCS-P
- ___(04) CHP
- ___(05) CHS
- ___(06) CHPS
- ___(07) CPC
- ___(08) CPC/H
- ___(09) CPHIMS
- ___(10) RHIA
- ___(11) RHIT
- ___(12) RN
- ___(13) CHDA
- ___(99) Other: _____

Americans with Disabilities Act (ADA)

* 20. Will you require special accommodations for the administration of this examination?

- ___Yes (Complete Forms Part 1 and 2)
- ___No

Release of Examination Results

* 21A. AHIMA’S Website—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.

*21B. Employer Letter— if you successfully pass the examination, AHIMA will send a recognition letter to your employer. (No letter is 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: _____

CCS Outside The U.S. Examination Fees—

AHIMA member fee:\$299

Nonmember fee:\$399

Indicate Method of Payment

Credit Card: VISA MasterCard American Express Discover

If payment is by credit card, please provide the following information.

Account #: _____

CVV: _____ Exp. Date: _____

Card Holder Name: _____

Card Holder Address: _____

Signature: _____

Statement of Understanding

I hereby apply to write the CCS-P examination. I have read and fully understand the Certification Candidate Guide and all sections herein, 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 on this application (and any subsequent forms submitted in relation to this application) is accurate. I understand that falsification in this 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: _____