



## Eligibility Extension Request Form

Please submit this form with the appropriate fee to:

AHIMA  
Attn: Certification Dept./Extensions  
Fax: 312.233.1413

AHIMA ID Number: \_\_\_\_\_

**Type or print neatly.**

**Exam:**

<input type="checkbox"/> CCA	<input type="checkbox"/> RHIA	<input type="checkbox"/> CHDA
<input type="checkbox"/> CCS	<input type="checkbox"/> RHIT	<input type="checkbox"/> CDIP
<input type="checkbox"/> CCS-P	<input type="checkbox"/> CHPS	<input type="checkbox"/> CPHI

**Type of Extension:**

- 1<sup>st</sup> Request for Extension - \$75.00 (valid for 45 days)
- 2<sup>nd</sup> and Final Request for Extension - \$150.00 (valid for an additional 30 days)

**\*No additional extensions will be authorized and all extensions are non-refundable\***

**Please Note:**

All candidates requesting extensions must read and follow the Eligibility Extension Fee policy outlined on page 11 in the Candidate Guide. Extensions request cannot be authorized if exam appointment is still scheduled or if eligibility period has ended.

**Candidate Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Extension Request Date: \_\_\_\_\_ Current Eligibility End Date: \_\_\_\_\_

**Method of Payment:**

*Please ensure you have selected the correct extension above*

VISA     MasterCard     American Express

Please provide the following information:

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_ Charge Amount: \_\_\_\_\_

Name as is appears on card: \_\_\_\_\_

Card Holder Address (case sensitive): \_\_\_\_\_

Signature: \_\_\_\_\_

**\* Please note exam appointment must be cancel with Pearson VUE before extension will be authorized**