



2018 Annual Self-Review

Due March 31, 2019

Circle One: CCA CCS CCS-P

Instructions: Mark your answers clearly by filling in the circle completely.

Name: _____

AHIMA ID: _____

Email: _____

-
- | ABCD | ABCD | ABCD | ABCD | ABCD |
|---------|----------|----------|----------|----------|
| 1. 0000 | 6. 0000 | 11. 0000 | 16. 0000 | 21. 0000 |
| 2. 0000 | 7. 0000 | 12. 0000 | 17. 0000 | 22. 0000 |
| 3. 0000 | 8. 0000 | 13. 0000 | 18. 0000 | 23. 0000 |
| 4. 0000 | 9. 0000 | 14. 0000 | 19. 0000 | 24. 0000 |
| 5. 0000 | 10. 0000 | 15. 0000 | 20. 0000 | 25. 0000 |

Annual Self-Review Fee | \$0 (Member or Nonmember)

By Mail:

AHIMA/Self Review, 233 N. Michigan Ave., 21st Fl., Chicago, IL 60601-5809

By Fax:

(312) 233-1500 Attn: Credential Recertification