



**2016 Annual Self Review**  
**Due March 31, 2017**  
**Circle One: CCA CCS CCS-P**

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

Name: \_\_\_\_\_

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

- | A B C D    | A B C D     | A B C D     | A B C D     | A B C D     |
|------------|-------------|-------------|-------------|-------------|
| 1. 0 0 0 0 | 6. 0 0 0 0  | 11. 0 0 0 0 | 16. 0 0 0 0 | 21. 0 0 0 0 |
| 2. 0 0 0 0 | 7. 0 0 0 0  | 12. 0 0 0 0 | 17. 0 0 0 0 | 22. 0 0 0 0 |
| 3. 0 0 0 0 | 8. 0 0 0 0  | 13. 0 0 0 0 | 18. 0 0 0 0 | 23. 0 0 0 0 |
| 4. 0 0 0 0 | 9. 0 0 0 0  | 14. 0 0 0 0 | 19. 0 0 0 0 | 24. 0 0 0 0 |
| 5. 0 0 0 0 | 10. 0 0 0 0 | 15. 0 0 0 0 | 20. 0 0 0 0 | 25. 0 0 0 0 |

**2016 Annual Self-Review Fee | \$20 (Member with Late Fee)**

Please return this form with annual self-review fee plus \$20 late fee.

**By Mail:**

**AHIMA Attn: Self Review Order, Dept. 77-2735, Chicago, IL 60678-2735**

**By Fax (Credit Card Only):**

**(312) 233-1500 Attn: Credential Recertification**

**Payment Method:**

Check/Money Order     VISA     MasterCard     American Express     Discover

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

CVV: \_\_\_\_\_ Total: \$20

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

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

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