



2017 Annual Self Review
Due March 31, 2018
Circle One: CCA CCS CCS-P

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

Name: _____

AHIMA ID: _____

- | 1. | A B C D | 6. | A B C D | 11. | A B C D | 16. | A B C D | 21. | A B C D |
|----|---------|-----|---------|-----|---------|-----|---------|-----|---------|
| 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 | \$75 (Non-Member with Late Fee)

Please return this form with \$55 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: \$75

Name as it appears on card: _____

Card Holder Address (case sensitive): _____

Signature: _____