

Certification Department
AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
233 N. Michigan Avenue, 21st Floor
Chicago, IL 60601-5809

Early Testing Form

PART 1 (to be completed by exam candidate)

EXAM CANDIDATE

Name: _____
(First) (Middle) (Last)

RHIA _____ **RHIT** _____ **AHIMA ID:** _____

Preferred Mailing Address: _____
(Street Address) (City)

(State) (Zip)

Phone: _____ Email: _____

I hereby apply for early testing and will fulfill all the requirements for early testing as stated in the FAQs located at www.ahima.org/certification. The information contained in Part 1 of this application is accurate and complete as of the date that I sign. Furthermore, I understand that in order to obtain my credential, I must send in a paper exam application with this form, pass the RHIA/RHIT exam, complete all coursework in my respective Commission of Health Informatics and Information Management Education (CAHIIM) accredited program and send in a completed school transcripts to the membership department of AHIMA. Failure to meet one of these requirements will result in an incomplete application and AHIMA will not issue an official certificate or acknowledge my right to use this credential.

I have read and understand the contents of this application _____
(Candidate Signature)

PART 2 (to be completed by program director)

PROGRAM DIRECTOR

Type of Program: **RHIA** _____ **RHIT** _____

Program Director: _____
(First) (Middle) (Last)

School: _____ EPC (Educational Program Code): _____

School Mailing Address: _____
(Street Address) (City)

(State) (Zip)

Phone: _____ Email: _____

I am the current program director of the aforementioned school and verify that all of the information contained in Part 1 and Part 2 of this application is current and accurate. Furthermore, I verify that this candidate is in his/her last term of learning and is eligible to register to apply for his exam under the FAQs found at www.ahima.org/certification.

(Program Director Signature)

(Date)