AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
Early Testing Form
Send completed form to
Earlytest@ahima.org

PART 1 (to be completed by exam candidate) ***The early tester form can only be submitted twice per exam***

EXAM CANDIDATE AHIMA ID: _____

Name: _____

Phone: _____   Email: _____

RHIA _____   **RHIT** _____   **EPC** (Educational Program Code): _____

Name of School: _____

School Address: _____

I hereby apply for early testing and will fulfill all the requirements for early testing as stated in the AHIMA candidate guide located on the AHIMA website. The information contained in Part 1 on this form is accurate and complete as of the date that I sign. Furthermore, I understand that to obtain my credential I must pass the exam selected on this form, complete all coursework in my respective Commission of Health Informatics and Information Management Education (CAHIIM) accredited program and send in my official transcript to AHIMA. I understand I will have one year from the date I passed the exam to submit a copy of my official transcript to AHIMA as stated in the candidate guide. If I do not submit my official transcript within the one -year timeframe, my exam results will be nullified, and I will have to retake the exam and pass if I choose to hold the RHIT or RHIA credential. Failure to meet these requirements will result in an incomplete application and AHIMA will not issue an official or unofficial certificate and my exam results will be nullified. I also understand until I meet all the early tester requirements, I am unauthorized to claim or use the credential as stated in the AHIMA guide.
I have read the and understand the contents of this form

Candidate Signature: _____   Date:_____

PART 2 (to be completed by program director)

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

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Program Director Name: _____

Name of School: _____   **EPC** (Educational Program Code): _____

School Mailing Address: _____

Phone: _____   Email: _____

I am the current program director of the aforementioned school and verify that all the information contained in Part I and Part 2 on this form is current and accurate. Furthermore, I verify that this candidate is in his/her last term of learning and is eligible to register for the exam selected.

I have read and understand the contents of this form

Program Director Signature: _____   Date:_____

Effective Date: 1/1/2021