

AHIMA Eligibility Extension Request Form

Please submit extension requests via
[our secure inquiry form](#)

AHIMA ID Number: _____

Exam:

CCA
CCS
CCS-P

RHIA
RHIT
CHPS

CHDA
CDIP

Type of Extension:

Request for Extension- \$50.00 (valid for 30 days)
Request for Extension - \$100.00 (valid for 60 days)
Request for Extension - \$150.00 (valid for 90 days)

***All extensions are non-refundable* 90 days is the maximum time an exam can be extended.**

Please Note: All candidates requesting extensions must read and follow the Eligibility Extension Fee policy outlined on page 11 in the Candidate Guide. Extensions request cannot be authorized if exam appointment is still scheduled or if eligibility period has ended.

Candidate Information:

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Home Phone: _____ E-mail Address: _____

Extension Request Date: _____ Current Eligibility End Date: _____

Payment:

A representative from the Certification department will provide you a bill in **your My AHIMA account**. You will have 48 business hours to provide payment. If payment cannot be collected within 48 business hours your extension request will be closed and a new request will have to be submitted.

*** Please note exam appointment must be cancelled with Pearson VUE before extension will be authorized ***