AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
Application for Pilot RHIA Capstone Assessment
Send completed form to **jessica.elliott@ahima.org**

Seats are limited to 100 examinees so apply early.

Application to the RHIA Capstone pilot program includes both the RHIA Capstone Assessment and the RHIA certification examination. Students who are not approved for the pilot program will be allowed to sit for the RHIA certification exam.

PART 1a (to be completed by exam candidate)

EXAM CANDIDATE AHIMA ID: _____

Name: _____

Phone: _____ Email: _____ **EPC** (Educational Program Code): _____

Name of School: _____ Address: _____

I hereby apply for the RHIA Capstone pilot program and will fulfill all the requirements, which includes taking both the RHIA certification exam and the RHIA capstone assessment within a 30-day period, and before June 15, 2024. 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 RHIA exam, 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 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 certification 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 1b (OPTIONAL: to be completed by exam candidate)

Are you of Hispanic/Latino/Spanish origin? ___Yes ___No ___Prefer not to state

How would you best describe yourself? ___American Indian or Alaska Native ___Asian ___Black or African American

___Native Hawaiian or Other Pacific Islander ___White ___Prefer not to state

Which most closely describes your gender? ___Female ___Male ___Transgender Female ___Transgender Male ___Non-Binary

___Agender/I don't identify with any gender ___Prefer to self-identify ( ) ___Prefer not to state

What is your current grade point average? ___3.5 and above ___2.5-3.4 ___1.5-2.4 ___Below 1.5 ___Prefer not to state

---

PART 2 (to be completed by program director)

Program Director Name: _____

Phone: _____ Email: _____

Name of School: _____ Mailing Address: _____

I am the current program director of the aforementioned school and verify that all the information contained in Part 1a 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 RHIA exam.

I have read and understand the contents of this form

Program Director Signature: _____ Date: _____