

# Examination Application

- **Certified Coding Associate (CCA)**
- **Certified Coding Specialist (CCS)**
- **Certified Coding Specialist—Physician-based (CCS-P)**

Please submit this application with the appropriate fee to:  
Attn: Coding Exams, AHIMA, Dept. 77-3081, Chicago, IL 60678-3081  
**Type or print neatly. An asterisk (\*) indicates a required field**

- \* 1. Examination Type:    CCA    CCS    CCS-P
2. AHIMA ID Number: \_\_\_\_\_ \*3. Date of Birth: \_\_\_\_\_
- \* 4. First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_
- \* 5. Preferred Mailing Address:    Home   or    Work
- \* 6. Home Address: \_\_\_\_\_ Apt. #/PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_
7. Employer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_
8. Work Phone: \_\_\_\_\_ \*9. Home Phone: \_\_\_\_\_
10. Fax: \_\_\_\_\_ 11. E-mail: \_\_\_\_\_

## AHIMA Credential History

- \* 12. Have you taken this examination before?  
 Yes   Month and Year: \_\_\_\_\_  
 No
- \* 13. Have you ever had an AHIMA credential revoked?  
 Yes   Credential and Date: \_\_\_\_\_  
 No

## Eligibility

- \* 14. Indicate your eligibility for the examinations listed below.
- CCA**  
(605)  US high school diploma or equivalent
- CCS and CCS-P (You must select one of the criteria below)**
- (606A)  RHIA, RHIT, or CCS/CCS-P; OR  
(606B)  Completion of a coding training program that includes anatomy & physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic/procedural and CPT coding.  
(606C)  Minimum of two (2) years of related coding experience directly applying codes  
(606D)  CCA plus one (1) year of coding experience directly applying codes; OR  
(606E)  Coding credential from other certifying organization plus one(1) year coding experience directly applying codes.

## Education and Experience (continued on page 2)

- \* 15. What is your highest educational degree?  
Please select one.
- (01)  High School Graduate  
(02)  HIM Certificate Program  
(03)  AHIMA ISP Program  
(04)  Associate's Degree  
(05)  Baccalaureate Degree  
(06)  Master's Degree  
(07)  Doctorate  
(08)  Doctor of Law (JD)  
(09)  Doctor of Medicine (MD)  
(10)  AHIMA Approved Coding Program  
(99)  Other \_\_\_\_\_

\*An asterisk indicates a required field.

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**Education and Experience (continued from page 1)**

- \* 16. What is your current work setting? *(Please select one.)*
  - (01)  Ambulatory Care Facility
  - (02)  Behavioral/Mental Health Facility
  - (03)  Consultant/Vendor
  - (04)  Corporate Office of a Multi-Hospital System
  - (05)  Educational Institution
  - (06)  HIM Specialty Setting
  - (07)  Home Health Agency
  - (08)  Hospital
  - (10)  Long-Term Care Facility
  - (11)  Managed Care/HMO/PPO Office
  - (12)  Multi-Specialty Group Practice
  - (13)  Non-Provider Organization
  - (14)  Physician's Office
  - (98)  Currently Not Employed
  - (99)  Other: \_\_\_\_\_
  
- 17. Who is covering the cost of this examination?
  - (01)  Examinee      (02)  Employer
  - (03)  Both

\* 18. If you indicated "AHIMA-Approved Coding Program" on Question #15, indicate your program's Education Program Code (EPC):  
 \_\_\_\_\_

19. Which of the following credentials do you currently hold?
- |                                    |  |                                      |
|------------------------------------|--|--------------------------------------|
| (01) <input type="checkbox"/> CCA  | (02) <input type="checkbox"/> CCS          | (03) <input type="checkbox"/> CCS-P  |
| (04) <input type="checkbox"/> CHP® | (05) <input type="checkbox"/> CHS          | (06) <input type="checkbox"/> CHPS   |
| (07) <input type="checkbox"/> CPC  | (08) <input type="checkbox"/> CPC/H        | (09) <input type="checkbox"/> CPHIMS |
| (10) <input type="checkbox"/> RHIA | (11) <input type="checkbox"/> RHIT         | (12) <input type="checkbox"/> RN     |
| (13) <input type="checkbox"/> CHDA | (99) <input type="checkbox"/> Other: _____ |                                      |

**Americans with Disabilities Act (ADA)**

- \* 20. Will you require special accommodations for the administration of this examination?
- Yes (Complete Forms A and B)
  - No

**Release of Examination Results**

- \* 21A. **AHIMA's Website**—All candidates who successfully pass the examination are recognized for this achievement on AHIMA's website.  
 I do not authorize the release of my name to be posted on AHIMA's website.
- 21B. **School Reports**—All examination scores are reported to the appropriate AHIMA-approved coding program. Your name will be reported with your scores if you authorize the release of your name.  
 I do not authorize the release of my name to my academic program (CCA only)
- 21C. **Employer Letter**—AHIMA will send a recognition letter to your employer if you successfully pass the examination (A letter will not be sent for unsuccessful candidates).  
 I authorize AHIMA to send a letter to my employer.

Supervisor's Name: \_\_\_\_\_  
 Supervisor's Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Examination Fees**

- |   |       |
|---|-------|
| <input type="checkbox"/> CCA Member         | \$199 |
| <input type="checkbox"/> CCA Nonmember      | \$299 |
| <input type="checkbox"/> CCS AHIMA Member   | \$299 |
| <input type="checkbox"/> CCS Nonmember      | \$399 |
| <input type="checkbox"/> CCS-P AHIMA Member | \$299 |
| <input type="checkbox"/> CCS-P Nonmember    | \$399 |

**Method of Payment (Source Code: RMAIL)**

- Check/Money Order: Payable to AHIMA
- Credit Card:
- Visa     MasterCard     American Express     Discover
- Account #: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**How did you find out about CCA, CCS, and/or CCS certification?**

\_\_\_\_\_

**Statement of Understanding**

I hereby apply to write the CCA, CCS, or CCS-P examination. I have read and fully understand the Certification Candidate Guide and all sections therein, as well as the AHIMA Code of Ethics. I agree to abide by the terms of the Certification Candidate Guide and the AHIMA Code of Ethics, and any other requirements set forth in this application. I certify that the information provided by me on this application (and any subsequent forms submitted in relation to this application) is accurate. I understand that the submission of false information in this or any other document will be grounds for rejection of my application, revocation of any certification issued, or denial of recertification, at the sole discretion of AHIMA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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