

RHIA/RHIT Exam Application Walkthrough

On the *Apply to Take an Exam Page*, click the link highlighted below. This will take you to the portal to choose your country and exam.

Exam Application Process

2 All applications **must be submitted online**, and fees must be paid via credit card online.

Where Do You Intend to Take the Exam?

Select a Country ▲ *A country must be selected

 Registered Health Information Administrator (RHIA) Exam ▲

 Registered Health Information Technician (RHIT) Exam ▲

Once the country code and exam are selected, you will be taken to the application for the RHIA exam. Your name will populate in the “Full Name:” field, verify that your name is correct. The application contains three parts: Address and Phone number, Application, and Education and Preparation.

Name

Please confirm your name is an exact match to your identification card(s). If you require an update to your name, please follow the steps listed in our [FAQs](#)

Failure to ensure that the first and last name/surname you submit on your application exactly matches your ID will create processing delays and may result in you being turned away at the test center and forfeiting the examination fee.

Full Name:

Part 1: Address and Phone Number

Applicants are asked to fill in their home address and primary phone number with country code. Be sure to enter in all required fields for the address and phone number. You will not be able to move forward with the application without these fields filled in.

Address and Phone Number

Please enter your address and phone number as it appears on your identification card(s).

Country/Region

United States ▼

Address Line 1

Address Line 2

City

State/Province

ZIP/Postal Code

ZIP/Postal Code is required

Please choose your country code from the first dropdown, then input the remaining telephone number in the second field

Ex. Australia **61** 410080654

United States 1 5408887532

Country Phone Code

1 ▼

Phone Number

Phone Number is required

Part 2: Application

Applicants will be asked to select eligibility criteria you met to qualify for the exam and your years of experience within the health information field from the drop-down boxes seen below. Both are required.

Eligibility

Each eligibility type has varying requirements of documentation that needs to be submitted during the application process.

Please see the AHIMA website for details on what supporting documentation you will need to provide to AHIMA before deemed eligible to take the exam.

Indicate your eligibility for this examination

Experience

Years of Experience

Years of Experience is required

Additionally, applicants must select the name of the educational institution attended and the format of the program (online, in-person, or hybrid) from drop-box fields. A mailing address and email address to send transcripts to is found below the education name. Be sure to provide the name that the transcript is under in the free text field provided.

School Info

School Name:

What was the type of CAHIIM accredited program you attended?

What was the type of CAHIIM accredited program you attended? is required

Transcripts

All official (sealed) transcripts should be mailed to:

Attn: AHIMA Certification Transcripts

35 W. Wacker Dr., 16th Floor

Chicago, IL 60601

OR

Sent electronically (if this option is available, vendor information is provided by your school) to:

CertificationTranscripts@ahima.org

Full/Former name your transcript is under:

After inputting the educational background, applicants are asked to select from a drop-down box who will be covering the cost of the examination. This is also a required field.

Cost Coverage

Who is covering the cost of this examination?

Who is covering the cost of this examination?

Who is covering the cost of this examination? is required

Early Testers

For applicant's applying as early testers, the "I am applying for early testing" checkbox must be selected. At the time of submission and the Early Testing Affidavit provided at the highlighted link below must be submitted in the supporting documentation box.

Early Testing

A fully completed early testing form is required for exam application approval. Please allow a 3-4 business day processing turnaround time.

The physical form can be found [here](#).

I am applying for early testing.

ADA Accommodations

The ADA Accommodation form can be found [here](#)

I will require special accommodations for the administration of this examination

Upload Documents

Early Testing Affidavit

No file chosen

ADA Accommodations

For applicant's needing ADA accommodations, the "I will require special accommodations for the administration of this examination" checkbox must be selected. The type of accommodation(s) needed can be selected. The link to the documentation needed to process the request can be found at the highlighted link. This documentation can be submitted at the time of application or separate from the application.

ADA Accommodations

The ADA Accommodation form can be found [here](#)

I will require special accommodations for the administration of this examination

Reader Recorder

Screen Magnifier

Separate Room

Time and A Half

Handicap

Other

I will be sending in the ADA Documentation separately.

Upload Documents

ADA Documentation:

No file chosen

Part 3: Education and Preparation

This final portion of the application asks the applicant what materials and study methods they used to prepare for the exam. Each of these fields is required to proceed with the application. *If you hold a higher degree than the HIM program, you must enter in the details of this educational background in the fields that populate with a “yes” selection.*

Education and Preparation

What exam prep resources did you use (or will be using) to prepare for this certification exam? (Select all that apply.)

- AHIMA Exam Prep Books
- AHIMA Face to Face
- AHIMA Online Practice Exam
- AHIMA Virtual Exam Prep
- Non-AHIMA Resources
- AHIMA Other

Did you use the AHIMA VLab during any part of your HIM educational...

Did you use the AHIMA VLab during any part of your HIM educational experience? is required
During what year did you graduate from the CAHIIM accredited HIIM ...

During what year did you graduate from the CAHIIM accredited HIIM program you attended? is required
What other professional certifications/credentials do you hold?

What other professional certifications/credentials do you hold? is required
Have you previously received a degree higher than the CAHIIM accre...

Have you previously received a degree higher than the CAHIIM accredited HIM program you attended? is required

Applicants are taken to a final page where they can opt-in to release of their test results to the educational institution, their local component association, and recognition on AHIMA’s website.

Release of Info

Recognition on AHIMA’s Website

All candidates who successfully pass the examination are recognized for this achievement on AHIMA’s website.

I authorize the release of my name to be posted on AHIMA’s website.

Release of Examination Results

All examination scores are reported to the appropriate HIM education program. Your name will be reported with your score. Candidate score information helps HIM programs maintain AHIMA’s high standards of educational excellence. Program directors use this data to continuously improve upon their curriculum and student learning. If you prefer your name and results to be released to your program director, please check the box below.

I authorize the release of my name to my academic program.

Release of CA Information

I authorize the release of my name and contact info to AHIMA Component Associations (CAs)

Beneath this section are the required policies, consents, and terms and conditions that applicant’s must agree to for their application to be processed.

Refund Policy

I understand that all refund requests are subject to a \$75 processing fee.

I agree to the refund policy

Pearson VUE Palm Vein Scan

When you arrive at the test center, you will be required to provide a palm scan by placing your hand on a sensor as well as when you enter and exit the testing room. These scans will be used on test day to verify your identity. After the test, the palm vein scans will be stored by Pearson VUE. The palm vein scans, or information derived from the palm vein scans may be shared with AHIMA and used by AHIMA for verification purposes and to detect potentially fraudulent or unauthorized activities. Your palm vein scans, and information derived from the palm vein scans will be retained as required by law. Palm vein scans and information based upon or derived from the scans are permanently destroyed following expiration of the applicable retention period.

I acknowledge that I have read this notice and consent for AHIMA and Pearson VUE to collect, use, and retain my Palm Vein Scan as described above

Statement of Understanding

I hereby apply to write the examination(s). I have read and fully understand the Candidate Guide and all sections therein, as well as the AHIMA Code of Ethics. I agree to abide by the terms of the Candidate Handbook and the AHIMA Code of Ethics, as well as 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, in the sole discretion of the CCHIIM.

I agree to the terms and conditions above