Certified Coding Specialist (CCS) Outside The U.S. Exam Application

Please submit this application with the appropriate fee to: AHIMA
233 North Michigan Avenue,
21st floor Chicago, IL 60601-5800
ATTN: CCS Outside The U.S. Exam Application
Fax: +1 312-233-1500

Type or print neatly. * An asterisk indicates a required field

1. AHIMA ID Number: ___________________ 2. Date of Birth: ___________________

3. * First Name: ___________________ MI: ___ Last Name: ___________________ Suffix: _____

4. * Preferred Mailing Address: ☐ Home ☐ Work

5. * Home Address: ___________________ Apt #/PO Box: ______________

City: ___________________ State: ____ Zip Code: ___________ Country: _________

6. Employer: ___________________

Title: ___________________

Work Address: ___________________ Suite: ___________________

City: ___________________ State: ____ Zip Code: _______ Country: _________

7. Work Phone: ___________________ 9. * Home Phone: ___________________

8. Fax Number: ___________________ 11. *E-mail Address: ___________________

AHIMA Credential History

* 12. Have you taken this examination before? Yes / No

Credential and Date: ___________________

* 13. Have you ever had an AHIMA credential revoked? Yes / No

Credential and Date: ___________________
14. Eligibility (Indicate your eligibility for this examination)

**IMPORTANT:** Effective June 1, 2017, candidates applying for the CCS exam outside of the US must submit a letter from their employer verifying they meet the required coding experience to sit for the exam, based on the eligibility pathways below requiring experience.

____(606A) RHIA, RHIT, or CCS/CCS-P; OR

____(606B) Completion of a coding training program that includes anatomy and physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic/procedural and CPT coding; OR

____(606C) Minimum of two (2) years of related coding experience directly applying code (Employer letter required); OR

____(606D) CCA plus one (1) year of coding experience directly applying codes (Employer letter required); OR

____(606E) Coding credential from other certifying organization plus one (1) year coding experience directly applying codes (Employer letter required)*

15. Indicate your eligibility for the examinations listed below.

____(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 _____________________________

17. Who is covering the cost of this examination?

____(01) Examinee  ____(02) Employer  ____(03) Both

18. Which of the following credentials do you currently hold?

____(01) CCA  ____(02) CCS  ____(03) CCS-P  ____(04) CHP  ____(05) CHS  ____(06) CHPS  ____(07) CPC  ____(08) CPC/H  ____(09) CPHIMS  ____(10) RHIA  ____(11) RHIT  ____(12) RN  ____(13) CHDA  ____(99) Other: _____________________________

Education and Experience

* 16. What is your current work setting?

(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: _____________________________

19. Who is covering the cost of this examination?

____(01) Examinee  ____(02) Employer  ____(03) Both

20. Will you require special accommodations for the administration of this examination?

____Yes (Complete Forms Part 1 and 2)  ____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. Employer Letter— if you successfully pass the examination, AHIMA will send a recognition letter to your employer. (No letter is sent for unsuccessful candidates.)

I authorize AHIMA to send a letter to my employer.

Supervisor’s Name: ____________________________
Supervisor’s Title: ____________________________
Company: ____________________________
Address: ____________________________
City: ____________________________
State: __________ Postal Code: __________
Country: ____________________________

**CCS Outside The U.S. Examination Fees—**

☐ AHIMA member fee: .......$299

☐ Nonmember fee: ............$399

**Indicate Method of Payment**

Credit Card: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

*If payment is by credit card, please provide the following information.*

Account #: ____________________________ Exp. Date: __________

Signature: ____________________________

**Statement of Understanding**

I hereby apply to write the CCS examination. I have read and fully understand the Certification Candidate Guide and all sections herein, 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, as well as any other requirements set forth in this application. I certify that the information provided on this application (and any subsequent forms submitted in relation to this application) is accurate. I understand that falsification in this 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: __________