

RHIA & RHIT Exam Fee Reimbursement Application

The Exam Fee Reimbursement Program awards \$100 to eligible CHIA members, as partial reimbursement for the RHIT or RHIA exam fee. Funding for the Exam Fee Reimbursement Program is made possible through donations to the CHIA Scholarship Fund. For more information, visit http://californiahia.org/exam-fee-reimbursement-program

Applications may be submitted anytime during the year, but must be received by CHIA within three months of passing the RHIT or RHIA exam.

Applicant's Name			Credentials	AHIMA ID Number	
CHIA Membership Status (select one): ☐ Student Member ☐ New Graduate Member ☐ Active Member					
Address				City, State, Zip	
Primary Phone Number		E-mail			
() \square Cell \square Home	☐ Work				
Name of College/University			Name of accredited HIA/HIT Program Course		
HIA/HIT Program Start Date	HIA/HIT Program	Graduat	ion Date	RHIA/RHIT Certifying Exam Passed Date	
I certify that the information submitted with this application is accurate and I authorize CHIA to validate its accuracy:					
Applicant Signature				Application Date	

Required Attachments (to be submitted with completed Application):

- 1) Documentation showing the date the exam was successfully passed
- 2) Transcripts showing the date of graduation from a CAHIIM accredited health information administration (HIA) or health information technology (HIT) program.

Eligible Applicants Must Meet All These Requirements:

- ✓ Be a member in good standing of AHIMA and CHIA at the time the application is submitted and at the time of the semi-annual recipient selection process.
- ✓ Pass the RHIA or RHIT credentialing exam within six months of graduation from a CAHIIM accredited HIA or HIT program. Graduates from California-based and out-of-state programs are eligible.
- ✓ Submit the completed application and required materials within three months of passing the exam.
- ✓ Must not have received a CHIA Exam Fee Reimbursement, or applied in a different draw period (see selection period details below), at any time previously.

Selection and Notification Process: Annually in September and March CHIA will select the recipients of the Exam Fee Reimbursement Program from among the eligible applications received in the prior semi-annual period. The selection will be via a blind draw and up to ten recipients will be selected during each draw period. After each draw, CHIA will notify each applicant if he/she was selected, and checks will be mailed shortly thereafter.

- September selection will include eligible applications received March through August.
- March selection will include eligible applications received September through February.

Submit Completed Application & Attachments to (select one):

Fax: (559) 251-5836

Email: Scholarship@CaliforniaHIA.org

Mail: California Health Information Association, 1915 N. Fine Avenue, Suite 104, Fresno, CA 93727-1565

Rev 04/16