



**CALIFORNIA HEALTH INFORMATION ASSOCIATION  
RHIA and RHIT EXAM FEE REIMBURSEMENT APPLICATION**

**RHIA and RHIT EXAM FEE REIMBURSEMENT:** Program provides \$100 as partial exam fee reimbursement.

Applicant's Name		Credentials	AHIMA ID Number
Address		City State Zip	
Name of College or University			
Name of HIA or HIT Program Course			
Date you started the HIA or HIT Program		Date You Graduated from the HIA or HIT Program	
Date you passed the RHIA or RHIT Certifying Exam (must be within six months after graduation)			
Home Phone ( )	Work phone ( )	E-mail	
CHIA Membership: <input type="checkbox"/> Student Member <input type="checkbox"/> New Graduate Member <input type="checkbox"/> Active Member			

I certify that this information submitted with this application is accurate and I authorize CHIA to validate its accuracy:	
<b>Applicant Signature</b>	<b>Application Date</b> (App must be received by CHIA within three months after passing exam)

**REQUIRED ATTACHMENTS:** Submit along with this completed application form, the following:

- A) Official transcripts showing the date of your graduation from an accredited HIA or HIT program.
- B) Documentation of your exam date and successfully passing it.

**ELIGIBLE APPLICANTS:** CHIA members in good standing of both AHIMA and CHIA at the time of their application, and who are classified by AHIMA as either a Student, New Graduate, or Active member and who have graduated from an accredited RHIA or RHIT program within the past six months. Graduation may also be from an accredited RHIA or RHIT program outside of California. To be eligible, within three months after taking the RHIA or RHIT exam, the applicant must submit reimbursement application and proof of successfully passing the exam.

**SELECTION AND NOTIFICATION PROCESS:** Twice in the fiscal year, once in September and once in March, the CHIA Executive Director (or designee) will select the recipients of the exam fee partial reimbursement from among those applications received in that semi-annual period. The selection will be via a blind draw. (In September, the selection will be among the applications received March through August. In March, the selection will be among the applications received September through February). After each draw, each applicant for that semi-annual period will be notified whether he/she was selected to receive the exam fee partial reimbursement or not.

An individual may submit an application only one time. If he/she is not selected during the selection for the semi-annual period in which their application for reimbursement was received, he/she will not be eligible to resubmit the application and/or qualify for the blind draw in subsequent semi-annual period(s).

The RHIA RHIT Exam Fee Reimbursement program is funded through the CHIA Scholarship fund, which is funded through the generous donations by CHIA members and CHIA vendor partners.

Send completed application and attachments to:  
California Health Information Association, 1915 N. Fine Avenue, Suite 104, Fresno, CA 93727-1565  
Or Fax to 559-251-5836

CHIA Phone: 559-251-5038      Web site: [www.CaliforniaHIA.org](http://www.CaliforniaHIA.org)