

REQUEST FOR REIMBURSEMENT FOR CREDENTIALING EXAM FEE

DATE GRADUATED: (mm/yyyy)	DATE EXAM PASSED: (mm/dd/yy)	DATE OF REQUEST: (mm/dd/yy)
ITEM DESCRIPTION		AMOUNT
Fee for successful completion of ___ RHIT ___ RHIA Examination		\$
<p>Attached is:</p> <p>_____ Proof of Graduation Date</p> <p>_____ Proof of Examination Date and Achievement of Minimum Passing Score (determined by AHIMA)</p> <p>_____ Receipt for payment of examination fee.</p> <p>College Name : _____</p> <p>Note: If name on any of the above differs from that of student name on proof of graduation, please submit proof of name change.</p>		
MAKE CHECK PAYABLE TO:		
MAILING ADDRESS (City, State, Zip):		
<p>_____</p> <p>_____</p> <p>_____</p>		
<p>Mail TO: Treasurer, NJHIMA c/o New Jersey Hospital Association 760 Alexander Road, PO Box 1 Princeton, NJ 08543</p>		
PRINT GRADUATE'S NAME _____		
GRADUATE'S SIGNATURE _____		
COMPLETE ABOVE PORTIONS ONLY AND MAIL TO CURRENT NJHIMA TREASURER		
TREASURER _____ DATE _____		
CHECK NO. _____ DATE PAID ____/____/____		