

REQUEST FOR REIMBURSEMENT FOR CREDENTIALING EXAM FEE

DATE GRADUATED:	DATE EXAM PASSED:	DATE OF REQUEST:
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>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>		
PRINT GRADUATE'S NAME _____		
GRADUATE'S SIGNATURE _____		
COMPLETE ABOVE PORTIONS ONLY AND MAIL TO CURRENT NJHIMA TREASURER		
TREASURER _____ DATE _____		
CHECK NO. _____ DATE PAID ____/____/____		