

**NEW JERSEY HEALTH INFORMATION MANAGEMENT ASSOCIATION
POLICY AND PROCEDURE MANUAL**

SECTION: Administrative Guidelines	Section #: III – D - 3
POLICY STATEMENT: Exam Fee Reimbursement	
Approved by Executive Board: May 7, 2004	Effective Date: 05/07/2004
SUBJECT: Credentialing Examination Reimbursement	Page 1 of 1

POLICY

The Association will reimburse the cost of the credentialing examination for Registered Health Information Administrator and Registered Health Information Technician for new graduates who pass the examination within 6 months of graduation from an AHIMA approved HIA or HIT program.

CRITERIA FOR REIMBURSEMENT AWARD

1. The examination candidate must be a member, in good standing, of NJHIMA for a minimum of 6 months prior to graduation/program completion.
2. The examination candidate must be a graduate of an accredited HIA or HIT program.
3. The examination date may not extend more than 6 months beyond the date of graduation (course completion).
4. Application and scheduling of the examination is the sole responsibility of the graduate.
5. Application for reimbursement is the sole responsibility of the graduate.

PROCEDURE FOR REIMBURSEMENT

1. Upon achieving a passing grade as established by AHIMA, the student will complete a disbursement voucher for the examination fee.
2. The student will submit the voucher to the address indicated along with the attached documents:
 - ✓ Written proof from AHIMA of passing grade for the certification examination.
 - ✓ Proof of program completion date (transcript indicating degree conferred date or letter from program on educational institution letterhead).
 - ✓ Receipt for proof of payment (cancelled check, printout of receipt for on-line registration).



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 <u> </u> RHIA <u> </u> RHIA Examination		\$
Attached is: <input type="checkbox"/> Proof of Graduation Date <input type="checkbox"/> Proof of Examination Date and Achievement of Minimum Passing Score (determined by AHIMA) <input type="checkbox"/> Receipt for payment of examination fee. Note: If name on any of the above differs from that of student name on proof of graduation, please submit proof of name change.		
MAKE CHECK PAYABLE TO:		
MAILING ADDRESS (City, State, Zip): _____ _____ _____		
PRINT GRADUATE'S NAME _____ GRADUATE'S SIGNATURE _____		
COMPLETE ABOVE PORTIONS ONLY AND MAIL TO CURRENT NJHIMA TREASURER		
TREASURER _____ DATE _____		
CHECK NO. _____ DATE PAID ____/____/____		