



CERTIFIED HEALTHCARE DOCUMENTATION SPECIALIST–RETIRED (CHDS-R)

Name: _____

Address: _____

Email Address: _____

Phone: _____ CHDS Number: _____

CHDS-R Processing Fee			\$45.00
Please circle method of payment:			
Check	Visa	MasterCard	American Express Discover
_____	_____	_____	_____
Name as it appears on credit card	Credit Card Number	3-Digit Security Code	Expiration Date

By signing this form and submitting payment, I hereby acknowledge my understanding of the following:

- I am retiring my credential and will no longer be recognized by AHDI (formerly AAMT) as a Certified Healthcare Documentation Specialist (CHDS).
- I am prohibited from using the CHDS credential without the signifying "R."
- I am no longer required to accumulate continuing education credits.
- Reinstatement of my CHDS credential requires that I take and pass the CHDS exam.

Signature

Date

NOTE: This CHDS-R application and the processing fee must be received in the AHDI office by your recertification deadline. CHDSs have up to 90 days from their original expiration date to submit the application and fees to retire their credential. Applications received past your recertification deadline will be charged a \$50 late fee in addition to the normal processing fee of \$45. Beyond the 90-day grace period, the lapsed CHDS credential holder forfeits their right to retire their credential and use "CHDS-R," and the only way to become certified again is by successfully passing the CHDS exam.