



CERTIFIED HEALTHCARE DOCUMENTATION PROFESSIONAL–RETIRED (CHDP-R)

Name: _____

Address: _____

Email Address: _____

Phone: _____ ID Number: _____

CHDP-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 Professional (CHDP), Certified Healthcare Documentation Professional Auditor (CHDP-A), or Certified Healthcare Documentation Professional Scribe (CHDP-S).
- I am prohibited from using the CHDP, CHDP-A, or CHDP-S credential without the signifying “-R” after the CHDP (CHDP-R).
- I am no longer required to accumulate continuing education credits.
- Reinstatement of my CHDP credential requires that I take and pass the CHDP exam (and subsequent Auditor and/or Scribe micro-credentialing exams, if desired).

Signature

Date

NOTE: This CHDP-R application and the processing fee must be received in the AHDI office by your recertification deadline. CHDPs, CHDP-As, or CHDP-Ss 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 CHDP credential holder forfeits their right to retire their credential and use “CHDP-R,” and the only way to become certified again is by successfully passing the CHDP exam.