

Certify as an ICD-10-CM Trainer

Earn your ICDCT-CM (ICD-10-CM Certified Trainer) Credential
FOR EXPERIENCED ONLY

Take the Certification Exam Only Online, By Appointment
Scheduled Remote with a Professional Proctor (No Travel)

Price: \$495



Online Exam Registration Fee Includes

- AIHC Membership for Three (3) Months
- Mock Exam: This Mock Exam reflects the certification exam and will help prepare experienced individuals to pass the certification exam.
- **Two (2) Certification Exam Attempts:** This exam is taken online and scheduled with an AIHC proctor. You will know immediately if you have passed (scoring at least 80%) or failed the exam.
 - If you score less than 80%, you have the opportunity to schedule a second attempt within your three (3) month deadline.

Exam Domains

There are three (3) Domains:

- Domain 1: Official Coding Guidelines
- Domain 2: Code Assignment Skills, Sequencing
- Domain 3: How to Teach Others

About the Exam

- The online certification exam can be taken remotely from the comfort of your home or office. Attempts at the exam are only available by appointment with a professional AIHC proctor.
- Take the Certification Exam within Three (3) Months of Registering

Deadline

Take the **ICDCT-CMSM** Certification Exam within Three (3) Months of Registering

- Refunds are not available if you register to take the certification exam and do not use your 2 exam attempts within three (3) months of your purchase date.

After You Are Certified: Maintaining Your Credential

Once you are certified, you need to maintain your credential by obtaining six (6) continuing education units (CEUs) each year.

- AIHC offers free and low-cost CEU programs for our members.
- We are also CEU friendly and are happy to accept CEUs from most other recognized organizations.

Your Investment: \$495

How to Register for this Course

Register Online – Return to the Enrollment Page and Pay via Credit Card!



We accept online registration payment via credit card.

Register Via Mail or Fax:

Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.

Refund Policy

View the Refund Policy Posted on the Home Page of our Website under Financial Policies www.aihc-assn.org

Certified ICD-10-CM Trainer

EXAM ONLY HARDCOPY REGISTRATION FORM

Enrollment Date:	<p>Exam Only Fee: \$495</p> <p>Exam Only Fee Reminder: You must register and take the exam within 3 months from the date of this registration to avoid additional exam fees.</p>
Name & Credentials:	
Home Address:	
Employer Name & Address:	
Current Job Position or Related Experience:	
<i>(For website administration and registration confirmation)</i> Primary Email Address: Alternate Email Address:	Work Phone Number: Alternate or Cell Phone Number:
Credit Card Payment Information: <div style="display: flex; justify-content: center; align-items: center; gap: 20px; margin-top: 5px;">    </div> <p style="text-align: center;"> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover </p> <p>Amount Approved on this Credit Card: <input type="checkbox"/> \$495</p> <p>Card Number: _____</p> <p>Security Code: _____ Expiration Date: _____</p> <p>Billing Address for this Card: _____</p> <p>Name As It Appears on this Card: _____</p> <p>Authorized Signature & Date: _____</p> <p style="text-align: center; margin-top: 20px;">Paying by corporate check? <input type="checkbox"/> \$495</p> <p style="text-align: center;">Please Make Checks Payable to: AIHC</p> <p style="text-align: center;">AIHC Mailing Address: 5000 Gateway Drive – Suite 202, Medina, Ohio 44256</p> <p style="text-align: center;">AIHC Fax Number: (330) 952-0716</p> <p style="text-align: center; margin-top: 10px;">How did you hear about us?</p> <p style="text-align: center;"> <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Co-Worker <input type="checkbox"/> AIHC Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____ </p>	