

# Certify as a Medical Documentation Improvement Professional

Earn your CMDP (Certified Medical Documentation Professional) Credential  
FOR EXPERIENCED MEDICAL OFFICE OUTPATIENT EXPERTS ONLY



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

**Price: \$495.00**

## 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:

- Medical Abbreviations, Terminology and Acronyms
- Documentation for Encounters, Evaluation & Management
- Documentation Compliance, Rules & Regulations

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

## Deadline

Take the **CMDP<sup>SM</sup>** 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.
- If you don't pass the exam, you have the option to upgrade to our full training program at a discounted rate.

## 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: \$495.00

## How to Register for this Course

Register Online – [Click here](#) to return to the Course Page, Enroll 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 & Financial Policies

View the Refund Policy Posted and Payment Plan Options Posted on the Home Page of our Website under Financial Policies [www.aihc-assn.org](http://www.aihc-assn.org)

# Certified Medical Documentation Professional

## EXAM ONLY HARDCOPY REGISTRATION FORM

<b>Enrollment Date:</b>	<p><b>Exam Only Fee \$495.00</b></p> <p><b>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.</b></p>
<b>Name &amp; Credentials:</b>	
<b>Home Address:</b>	
<b>Employer Name &amp; Address:</b>	
<b>Current Job Position or Experience:</b>	
<i>(For website administration and registration confirmation)</i> <b>Primary Email Address:</b>	<b>Work Phone Number:</b>
<b>Alternate Email Address:</b>	<b>Alternate or Cell Phone Number:</b>
<p><b>Credit Card Payment Information:</b></p> <div style="display: flex; justify-content: center; gap: 20px;">    </div> <p style="text-align: center;">[ ] MasterCard   [ ] VISA   [ ] Discover</p> <p>Amount Approved on this Credit Card: [ ] <b>\$495.00</b></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 &amp; Date: _____</p> <p style="text-align: center;"><b>Paying by corporate check? [ ] \$495.00</b></p> <p style="text-align: center;"><b>Please Make Checks Payable to: AIHC</b></p> <p style="text-align: center;"><b>AIHC Mailing Address:</b> 5000 Gateway Drive – Suite 202, Medina, Ohio 44256</p> <p style="text-align: center;"><b>AIHC Fax Number:</b> (330) 952-0716</p> <p style="text-align: center;"><b>How did you hear about us?</b></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>	