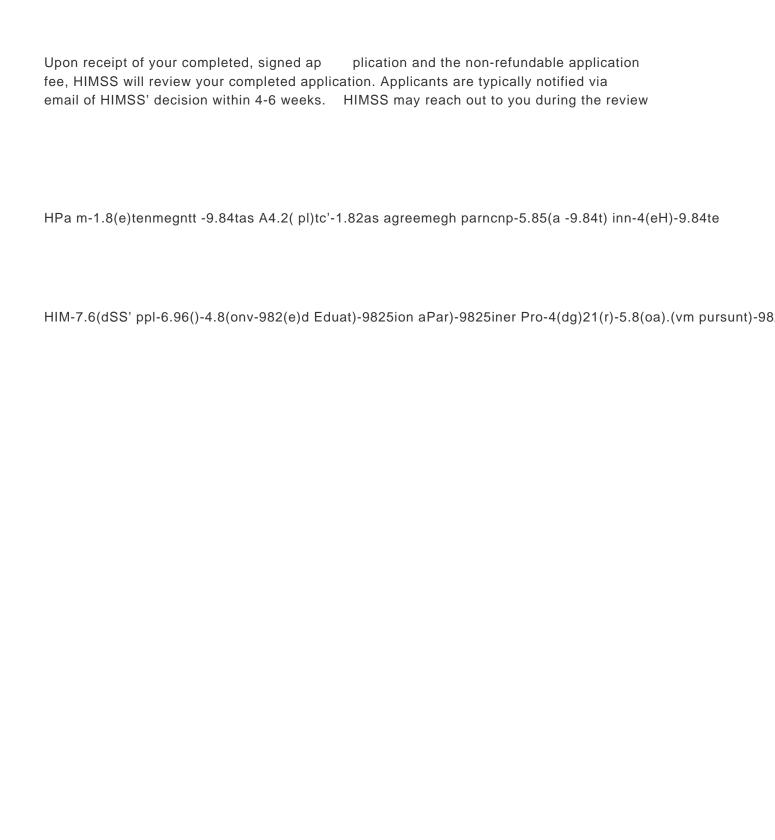
HIMSS Approved Education Partner Program Application

[SECTION 1]



[SECTION 2]

HIMSS Credit Card Authorization Form

If paying by credit card, please complete the completed for those paying by check.

If sending directly to HIMSS Finance, print this form, complete, and sign. Then email the completed form to careerservices@himss.org.

If requesting HIMSS Professional Development to

[SECTION 3]

HIMSS Approved Education Partner Program Application

3.0	AEP Applicant Or	ganization Na me	Today's Date (Day Month Year)					
3.1 Name of Program Seeking Approval (this may be the same as the above organization name [3.1] or may be a specific program within the organization)								
3.2	Physical Address a	and Phone Number o	f Organization					
Stre	eet							
City	,	State/Province	Zip/Postal Code Country					
Pho	one Number	Fax						
3.3	Type of Organizat	ion						
	For-Profit	Not-for-Profit	HIMSS Organizational or Academic Affiliate					
3.4	Executive Point of	f Contact						
	Name		Title					

3.6	Finance Point of	nance Point of Contact					
	Name		Title				
	Phone	Cell	Email				
3.7	Social Media P connection.)	resence (Please indicate	the address for each applicable social				
	Website		LinkedIn				
	Facebook		Twitter				
	Other (please I	ther (please list)					
3.8	Description of Organization/Program . Please provide a description of the organization/program and the servic es offered, in 100 words or less, for the AEP Landing Page on the HIMSS website.						
3.9	Describe why your Organization/Program is interested to become an AEP. What added value do you hope being part of the HIMSS AEP program will provide?						
3.10 Check all types of educational activities offered by the organization			offered by the organization				
	On-site Classroom Training						
Customized Training							
Conferences							
Media-Based Learning (CD-ROM, DVD, MOOC, LMS or other media)							
	Distance Learning						
Other (please identify)							

[SECTION 4]

Required Submission for Quality Review of Organization Approach to Education

(Please note: When providing attachments, please reference the sub-section number, e.g. 4.1, 4.2, etc.)

[SECTION 7]

CPHIMS/CAHIMS Review Sign-off for Activity

[SECTION 8]

CAHIMS/CPHIMS Reviewer Attestation

The CPHIMS or CAHIMS reviewer you have id entified completes this portion of the form. Based on your review of the activity materials, please provide your assessment of this course by answering the following question. Is the activity material substantially consistent with the concepts and terminology as found in the current version of the CAHIMS Content Outline or CPHIMS Content Outline as well as other generally accepted health IT and health care concepts used for this activity? (Select ONE)

Content fully aligns to the latest published edition of the CAHIMS or CPHIMS Content Outline as well as other generally accepted health

IT and healthcare concepts being used.

Content substantially aligns with the CAHIMS or CPHIMS Content Outline as well as other generally accepted health IT and healthcare concepts and differences are noted.

Content offers health IT and healthcare conc

Participant agrees to pay the enrollment fee upon receipt of invoice from HIMSS. Non-payment of the Enrollment Fee pursuant to invoice terms may result in suspension or termination of Participant's enrollment in the Program. ENROLLM ENT FEES ARE NON-REFUNDABLE. Cancellation is accepted only upon written notification and subs equent review and approval of the request by HIMSS.

COURSE AUDIT: Participant agrees that during each year of the term and upon request, it shall