

# HIMSS Approved Education Partner Program Application

[SECTION 1]

Upon receipt of your completed, signed application and the non-refundable application fee, HIMSS will review your completed application. Applicants are typically notified via email of HIMSS' decision within 4-6 weeks. HIMSS may reach out to you during the review

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## [SECTION 2]

### HIMSS Credit Card Authorization Form

If paying by credit card, please complete this form. This section does not need to be 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](mailto:careerservices@himss.org).

If requesting HIMSS Professional Development to

[SECTION 3]

HIMSS Approved Education Partner Program Application

3.0 AEP Applicant Organization Name \_\_\_\_\_ 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 and Phone Number of Organization

Street

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

3.3 Type of Organization

For-Profit Not-for-Profit HIMSS Organizational or Academic Affiliate

3.4 Executive Point of Contact

Name \_\_\_\_\_ Title \_\_\_\_\_

3.6 Finance Point of Contact

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

3.7 Social Media Presence (Please indicate the address for each applicable social connection.)

Website \_\_\_\_\_ LinkedIn \_\_\_\_\_

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_

Other (please list) \_\_\_\_\_

3.8 Description of Organization/Program . Please provide a description of the organization/program and the services 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

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 identified 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

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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. ENROLLMENT FEES ARE NON-REFUNDABLE. Cancellation is accepted only upon written notification and subsequent review and approval of the request by HIMSS.

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