

First Name: _____ Last Name: _____

List all Credentials: _____

Institution/College Name: _____

Program Mailing Address:

Address 1: _____

Address 2: _____

Address 3: _____

City: _____

State: _____

Zip code: _____

Phone: _____ Cell Phone (if applicable): _____

Email: _____

CAHIIM Educational Program Code (EPC): _____

Name of Previous Program Director: _____

Is the accredited program currently in the Comprehensive Program Review process?

Yes No

Position

Institutional Title: _____

Hire date for current employment as Program Director: _____

Is this position considered fulltime within the institution? Yes No

If no, explain: _____

Does this person have all the rights, privileges and responsibilities of a fulltime faculty member and Program Director as described in the CAHIIM Standards? Yes No

If no explain:

Describe release time for the program director to devote to all duties and responsibilities (such as percent release time; teaching workload per term):

Education

Institution	Degree awarded	Date completed (mm/yyyy)

Teaching Experience

Institution	Faculty Rank	Dates (mm/yyyy)	Courses taught (course prefixes, course names)

Professional Practice Employment

Employer	Position Title	Dates (mm/yyyy)

Professional Development List activities for the previous and current calendar year that contribute to knowledge and expertise to keep current in courses assigned.

Provider	Activity	Dates

Name of Completer: _____

Title: _____

Date: _____

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State:

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