

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: _____

Credit Card Payment: \$200 Substantive Change Fee

| |
|---|
| Credit Card Type: Visa MasterCard American Express |
| Credit Card Account Number: _____ Security Code (CVV): _____ |
| Credit Card Expiration Date: _____ |
| Name as it Appears on Credit Card: _____ |
| Payment Amount (US Dollars): \$ _____ |
| Cardholder Signature: _____ |
| Date: _____ |

Credit Card Billing Address

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

Daytime Phone: