



**Program Director Change Form | For CAHIIM Accredited Programs Only**

Submit the following information to: [substantivechange@cahiim.org](mailto:substantivechange@cahiim.org)

- Program Director Change Form (complete all fields)
- *HIM Programs only:* AHIMA/CCHIM CEU Certificate with current date of credential validation
- Payment: An invoice will be sent for the Substantive Change Fee after the approval of the Change in Program Director has been completed. Contact [benjamin.reed@cahiim.org](mailto:benjamin.reed@cahiim.org) if you wish to pay by credit card

**Program Director Status**

Permanent Program Director

Interim Program Director (a candidate that does meet the qualifications of the position as stated in the CAHIIM Accreditation Standards and a search process is in progress for a permanent candidate)

Acting Program Director (a candidate that *does not meet* the qualifications of the position as stated in the CAHIIM Accreditation Standards and a search process is in progress for a permanent candidate)

**Program Profile Information**

Programmatic level

HIM masters degree

HIM baccalaureate degree

HIM associate degree

Health Informatics masters degree

**Program Director Information**

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

**Program Director 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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Program Director Information

### Education

Institution	Degree Awarded	Date Completed (mm/yyyy)

### Teaching Experience

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

### 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 (mm/yyyyyy)

**Name of Completer** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_