

Candidate Application for

- CAHIIM Board of Directors
- Health Informatics Accreditation Council
- Health Information Management Accreditation Council

Preferred Mailing Address

Address Line 1

Address Line 2

City

State

Zip Code

State your interest in CAHIIM volunteer service.

Describe any time constraints or other potential barriers that may hinder your ability to perform duties as a CAHIIM volunteer.

Name of Application Completer

Date

Required Documentation: Completed Application Form Curriculum Vitae (CV) / Resume

Append a current CV to the completed application and send via email to:

Claire Dixon-Lee, PhD, RHIA, FAHIMA, CPH, CAHIIM Executive Director

Email: Claire.Dixon-Lee@cahiim.org Phone: 312.233.1183

Personal Information

First Name

Last Name

Degree / Credentials

Contact Information

Work Phone

Cell Phone

Email address

Preferred Contact Method

- Work Phone Cell Phone Email