



Program Director Change Form | For CAHIIM Accredited Programs Only

Submit the following:

- \$200 Substantive Change Fee
- Completed Program Director Change Form
- *HIM Programs only:* AHIMA/CCHIIM CEU Certificate with current date of credential validation

Payment Method

Provide credit card information (page 4) or request a CAHIIM Fee invoice by contacting benjamin.reed@cahiim.org

Submitting Information

Email all information to: george.payan@cahiim.org, or mail to: George Payan, Accreditation Operations Manager, 233 N. Michigan Ave, 21st Floor, Chicago, IL 60601

Questions

Send questions to george.payan@cahiim.org

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 _____

Credit Card Payment Information for \$200 Substantive Change Fee

Credit Card Information

Visa

MasterCard

American Express

Account Number _____ Security Code (CVV) _____ Expiration Date _____

Billing Street Address 1 _____

Billing Street Address 2 _____

City _____ State _____ Zip Code _____

Daytime Phone _____

Payment Amount (in US Dollars) _____

Cardholder's Signature

Date _____