**Application to Serve as CAHIIM Accreditation Peer Reviewer**

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| **Contact Information** |
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| **Full Name & Credentials:** | Click or tap here to enter text. |
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| **Phone #:** | Click or tap here to enter text. |
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| **Email:** | Click or tap here to enter text. |
|  |  |
| **Current Employer:** | Click or tap here to enter text. |
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| **Mailing Address** |  |
| Address 1: | Click or tap here to enter text. |
| Address 2: | Click or tap here to enter text. |
| City: | Click or tap here to enter text. |
| State: | Click or tap here to enter text. |
| Zip code: | Click or tap here to enter text. |

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| **Teaching Experience** |  |  |
| **Position** | **Institution** | **# of Years** |
| **Department Chair** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Program Director** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Full-time Faculty** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Part-time or Adjunct Faculty** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Clinical Faculty** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other** | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Degree** |
| **Doctorate** | **Master** | **Baccalaureate** | **Area of Study** |
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| **Current Conflicts / Dualities** |
| List any conflicts or dualities in the field below (e.g. higher education consultant) |
| Click or tap here to enter text. |

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| **Professional Leadership Experience** |

Include any national or international activities.

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| Click or tap here to enter text. |

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| **Accreditation and/or Quality Review Experience** |  |

List any accreditation and/or quality review experience you have in the field below.

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| Click or tap here to enter text. |