

Commission on Accreditation for Health Informatics and Information Management Education

Student Verification Form

Instructions: Please have your program director complete this form and upload it onto the Student Verification application form.

I confirm that [student name] _____ was registered as a [part/full-time] _____ student of the [name of program, e.g. Health Information Management] _____ program at [institution] _____.

He/she has completed all his/her program requirements and has successfully graduated from the program.

If you have any further questions, please contact me at [email] _____.

If alternate contact person, please include their information below:

Name: _____

Title: _____

Phone: _____

Email: _____

Sincerely,

Program Director Name: _____

Signature: _____

Date: _____

Program EPC (Mandatory): _____