CAHIIM®

Program Director Change Form | For CAHIIM Accredited Programs Only

Submit the following information to: substantive.change@cahiim.org or mail to: Benjamin Reed, Accreditation Business Manager, 200 East Randolph Street, Suite 5100, Chicago, IL 60601

- • Program Director Change Form (complete all fields)
- • **HIM Programs only**: AHIMA/CCHIIM CEU Certificate with current date of credential validation

Payment

An invoice will be sent for a Substantive Change Fee after the approval of the Change in Program Director has been completed. Contact Benjamin Reed if you wish to pay by credit card. For questions, please call 312.235.3255.

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, cour-curse 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/yyyyy)

Name of Completer _____

Title _____

Date _____