HIMSS

CA**HIMS** | CP**HIMS** | CP**DHTS**

Application for Approval of Continuing Education Hours

Instructions: All portions of this form must be completed for the application to be processed. **Incomplete applications will be returned**. Please allow 2-4 weeks from receipt of application for administrative review. Please send completed applications to certification@himss.org.

1. PROGRAM SPONSOR INFORMATION

Sponsoring Organization: _____

Contact Person: _____

Phone: _____

Email: _____

2. PROGRAM OVERVIEW

Program Title: _____

Program Length (in hours and/or in minutes): _____

Educational Content Area(s) *more information may be found at www.himss.org/resources/certification*):

- ☐ Clinical Informatics
- ☐ Digital Health
- ☐ Governance and Organizational Management
- ☐ Healthcare Environment
- ☐ Management and Leadership
- ☐ Person-Enabled Health
- ☐ Strategy

- ☐ Systems Analysis
- ☐ Systems Design
- ☐ Systems Selection, Implementation, Support and Maintenance
- ☐ Systems Testing & Evaluation
- ☐ Systems Privacy & Security
- ☐ Technology Environment

Total number of continuing education (CE) hours requested: _____
(Calculation: Total number of qualified minutes divided by 60, round down to nearest 15-minute increment)

Program Date & Location:

Start Date: _____ End Date: _____

Facility: _____

City: _____ State: _____

Additional Documents Required for all Applications:

☐ **Program Agenda:** Attach a timed agenda that includes the session title(s) or topic(s) that will be covered.

☐ **Speaker(s):** Attach a speaker(s) bio and credentials as they relate to expertise on the topic to be presented.

☐ **Learning Objectives:** Attach a brief description of the knowledge or skills participants should have after the activity

3. APPLICATION FEES *(this fee is waived for HIMSS Chapters and Approved Education Partners)*

☐ $15 per CE hour HIMSS Organizational Affiliate

☐ $25 per CE hour Non-Profit Provider

☐ $50 per CE hour For-Profit Provider

CC#_____ Exp. Date: _____

Credit Cart type:

☐ AmEx   ☐ MasterCard

☐ Visa   ☐ Discover

Name on Credit Card : _____

Total to be Charged (Total number of CE hours requested x price per above): $ _____

☐ Invoice

Include Full Billing Address: _____

4. CONTRACT FOR APPROVAL

As the representative of this sponsoring organization, I have reviewed *HIMSS' Requirements for Approval of Continuing Education Programs* and agree to abide by them. Specifically, I agree that:

- The required statement signifying approval of this program will appear on all marketing materials and on any other materials where HIMSS's approval is cited.

- Approval by HIMSS will not be advertised until the approval is received. If a complete application has been submitted, the program may be advertised as pending approval.

- HIMSS and/or the CPDHTS/CPHIMS/CAHIMS brand or logo will not be used in any manner in conjunction with this program or its sponsoring organization except as allowed by HIMSS's requirements for approval.

I understand that failure to follow all requirements for approval may result in immediate revocation of the approval and may prohibit approval of any future program by the program sponsor.

Name: _____ Signature: _____

For: _____ Date: _____

Requirements for Approval of Continuing Education Hours

PURPOSE OF THE CONTINUING EDUCATION APPROVAL PROGRAM

The purpose of the HIMSS Continuing Education Approval Program is to recognize continuing education (CE) providers that have met the Society's standards. This document provides information on the benefits, standards, and requirements of the Approval Program. It also provides application information and lists HIMSS's procedures for monitoring approved programs.

HIMSS's approval process is voluntary and is initiated by the program sponsor requesting approval. Approval status does not constitute endorsement of a program sponsor or its materials. The program sponsor is responsible for maintaining the content and quality of any program that has received approval. Program sponsors may request approval of CE hours for program attendees holding the CPDHTS, CPHIMS or CAHIMS credential.

HIMSS does not grant approval for review courses, study seminars, or similar offerings.

EDUCATIONAL OBJECTIVES & OBLIGATIONS

Program sponsors should:

- Provide CPDHTS, CPHIMS and CAHIMS credential holders with quality programs in which attendees can report and receive HIMSS CE hours.

- Provide clearly stated and measurable learning objectives. The number of objectives will be appropriate for the type and length of the CE activity.

- Provide qualified personnel who meet HIMSS's faculty and personnel requirements.

- Ensure that content and instructional methods are appropriate for the learning outcomes.

BENEFITS OF APPROVAL PROGRAM

Recognition: Approved programs are recognized by HIMSS, healthcare information and management systems professionals, and employers as programs that have met HIMSS's requirements for continuing education.

Marketing Opportunities:

- Sponsoring organizations will communicate the value of the approved program to add CPDHTS, CPHIMS and/or CAHIMS individuals.

- Use of HIMSS's Statement of Approval, which may be added to marketing and other activities promoting your approved program.

- Confirmed number of CE hours.

- Ease of tracking CE hours for attendees.

APPLICATION PROCESS

To apply for approval, applicants should:

1. Read through the entire Approval Guide.

2. Fill out the approval application.

3. Include all required supporting documentation and fees.

Incomplete applications will not be processed and will be returned to the program sponsor. Retroactive approval may be granted.

Anticipate a two- to four-week turnaround time from the date the approval application is received.

After the application is approved, the sponsoring organization will receive a confirmation letter containing the number of CE hours the

program has been approved and an attendee tracking sheet.

Applications can be e-mailed:

>**ATTN: HIMSS Professional Certification CE Approval**
>certification@himss.org

EVALUATION PROCESS

HIMSS will evaluate the proposed program for its content, quality, and the appropriateness of the following key characteristics:

- Title
- Instructor qualifications
- Agenda
- Course overview and delivery
- Core content area

HIMSS will deny approval to programs that fail to meet these requirements and expectations.

Speaker Requirements

Speakers should:

1. be competent in the subject matter.

2. present materials based on current information.

3. be knowledgeable and skilled in instructional methods appropriate for adults.

4. utilize instructional methods appropriate to meet educational objectives and learning outcomes.

Required Supporting Documentation

In addition to the application, HIMSS requires the following documents to be submitted:

Marketing Materials:

The program sponsor must send a copy of the marketing brochure or flyer, or a draft at the time in which the initial application is submitted for approval. Once approved, the program may be advertised by using the following statements:

>**For pre-approved programs:**
>*"This program is approved for up to X.X continuing education (CE) hours for use in fulfilling the continuing education requirements of the Certified Professional in Digital Health Transformation Strategy (CPDHTS^{SM}), the Certified Professional in Healthcare Information & Management Systems (CPHIMS®), and the Certified Associate in Healthcare Information & Management Systems (CAHIMS®)."*

>**For pending approval programs:**
>*"This program is provisionally approved for continuing education (CE) hours for use in fulfilling the continuing education requirements of the Certified Professional in Digital Health Transformation Strategy (CPDHTS^{SM}), the Certified Professional in Healthcare Information & Management Systems (CPHIMS®), and the Certified Associate in Healthcare Information & Management Systems (CAHIMS®)."*

Program Agenda:

The program agenda should include, at minimum, an hour-by-hour content outline.

Certificate (Optional):

Program sponsors are encouraged to provide attendees with certificates or statements verifying attendance. The certificate or verification statement should include the name of the attendee, the title of the program conducted, the date of the program, the number of hours approved, and the signature of the program chairperson. The certificate should not list HIMSS as the education provider. The appropriate text on certificates should read as follows, ***"This program has been approved by HIMSS for XX CE hours."***

CALCULATING THE NUMBER OF CE HOURS

Calculation of CE hours is based upon clock hours. One CE is given for each 60 minutes of live instruction or instruction that is fixed in length. Fractional parts of an hour will not be awarded a full hour credit. If the program is 5 1/2 hours long, 5.5 CE hours are awarded.

FEES & CONTRACT

Program sponsors are required to pay a fee dependent on provider type per approved CE hour. *Activities sponsored solely by HIMSS Chapters or by Approved Education Partners are excluded from this fee requirement. It is the responsibility of the program sponsor to submit the fee.*

CONTRACT FOR APPROVAL:

Carefully read the Contract for Approval in the application before signing. **Applications received without a printed name, signature, and date will be returned.**

PROGRAM VALID DATES & EXPIRATION

Approval is only valid for the dates and locations originally applied. Any additional program dates and locations will require a new application.

HIMSS'S MONITORING & FOLLOW-UP PROCESS

HIMSS will monitor approved programs on an ongoing basis to ensure the requirements are consistently met. Some of the ways program sponsors are monitored are as follows:

- Attendees at approved programs are encouraged to contact HIMSS if they feel a program sponsor is not meeting the requirements for approval.

- HIMSS may periodically request program attendance information to gather feedback from attendees on the program sponsor's performance in covering the requirements for approval.

- HIMSS may request program materials or copies of certificates of attendance, or may attend activities to audit the effectiveness of each program.

Complaints or Concerns

If HIMSS receives a complaint, or identifies through monitoring that a program sponsor may not comply with the requirements for approval, HIMSS will contact the program sponsor in writing to request documentation for its investigation and request a response to the complaint or concern within thirty (30) days.

Probation

If the program sponsor fails to submit the documentation and a response to HIMSS within 30 days, the program sponsor will immediately be notified in writing and placed on probation for a ninety (90) day period.

Outcome of Probation

If a program sponsor sends HIMSS the appropriate documentation and response, and the investigation reveals that the complaint or concern does not support noncompliance, HIMSS will notify the program sponsor and remove the probationary status.

If a program sponsor does not comply with HIMSS's request for investigatory documentation or the documentation does not support compliance with the requirements for approval, the program sponsor will be notified of revocation of approval status at the end of the 90-day probation period. Any fees paid will not be refunded.