

HIMSS Approved Education Partner Program Application

[SECTION 1]

To be considered for participation in the HIMSS Approved Education Partner (AEP) Program, please complete the following steps:

When you are ready to begin submitting documentation for your application please contact the Manager of Professional Development at careerservices@himss.org to discuss the best method for exchanging this information.

When the application is complete and all information has been submitted, notify the Manager of Professional Development at careerservices@himss.org.

Submit a one-time, non-refundable application fee of \$250.00 USD via an acceptable method of payment as indicated below and retain a copy for your records. Please note: purchase orders are not an accepted method of payment. HIMSS Federal Tax ID# is 36-3906745.

APPLICATION FEE ACCEPTABLE METHODS OF PAYMENT

Please indicate which option you chose to complete for payment below. Complete this step at the same time that you load your completed application into the Dropbox folder. **If paying by credit card, please complete section 2.**

Check sent to HIMSS at the address noted in number 2 below. *You do not have to complete section 2 if paying by check.*

We removed section 2 from this application and sent it to HIMSS Finance department via email with our credit card information.

We have included section 2 with this application and ask that HIMSS process this with your finance department on our behalf and email us an invoice.

1. Pay with credit card by emailing the attached HIMSS Credit Card Authorization Form [section 2] to financesupport@himss.org

OR

2. Mail a check made payable to HIMSS to 6923 Eagle Way, Chicago, IL 60678-1692.
Ref: HIMSS AEP Application Fee.

Upon receipt of your completed, signed application and the non-refundable application fee, HIMSS will review your completed application. Applicants are typically notified via email of HIMSS' decision within 4-6 weeks. HIMSS may reach out to you during the review process for clarification as questions come up.

HIMSS will send an invoice for the enrollment fee to applicants accepted into the program. Payment of the Enrollment Fee constitutes Applicant's agreement to participate in the HIMSS Approved Education Partner Program pursuant to the attached HIMSS AEP Terms and Conditions.

[SECTION 2]

HIMSS Credit Card Authorization Form

If paying by credit card, please complete this form. This section does not need to be completed for those paying by check.

If sending directly to HIMSS Finance, print this form, complete, and sign. Then email the completed form to careerservices@himss.org.

If requesting HIMSS Professional Development to process on your behalf, please ensure the appropriate checkbox is selected in Section 1 and include this completed and signed section with your overall application.

HIMSS Approved Education Provider Application Fee \$250.00

Applicant Name _____

Cardholder Name _____

Card Number _____

Expiration Date _____

Billing Address _____

I authorize HIMSS to charge \$_____USD to the credit card listed above.

By checking this box, I am also authorizing HIMSS to charge the credit card listed above for any applicable balance(s) due, on the due date(s) for the above-mentioned product, unless I have given HIMSS prior written notice of the cancellation of the contract.

Cardholder Signature (must be handwritten, electronic signatures are not acceptable)

_____ Today's Date _____

The cardholder agrees that HIMSS will bill the subscriber's credit card. Thank you for your cooperation and your business.

[SECTION 3]

HIMSS Approved Education Partner Program Application

3.0 AEP Applicant Organization Name Today's Date (Day Month Year)

3.1 Name of Program Seeking Approval (this may be the same as the above organization name [3.1] or may be a specific program within the organization)

3.2 Physical Address and Phone Number of Organization

Street

City State/Province Zip/Postal Code Country

Phone Number Fax

3.3 Type of Organization

For-Profit Not-for-Profit HIMSS Organizational or Academic Affiliate

3.4 Executive Point of Contact

Name_____ Title_____

Phone_____ Cell _____ Email _____

3.5 Administrative Point of Contact

Name_____ Title_____

Phone_____ Cell _____ Email _____

3.6 Finance Point of Contact

Name _____ Title _____

Phone _____ Cell _____ Email _____

3.7 Social Media Presence (Please indicate the address for each applicable social connection.)

Website _____ LinkedIn _____

Facebook _____ Twitter _____

Other (please list) _____

3.8 Description of Organization/Program. Please provide a description of the organization/program and the services offered, in 100 words or less, for the AEP Landing Page on the HIMSS website.

3.9 Describe why your Organization/Program is interested to become an AEP. What added value do you hope being part of the HIMSS AEP program will provide?

3.10 Check all types of educational activities offered by the organization

On-site Classroom Training

Customized Training

Conferences

Media-Based Learning (CD-ROM, DVD, MOOC, LMS or other media)

Distance Learning

Other (please identify) _____

[SECTION 4]

Required Submission for Quality Review of Organization Approach to Education

(Please note: When providing attachments, please reference the sub-section number, e.g. 4.1, 4.2, etc.)

- 4.1 Provide evidence of having been in business for a minimum of one (1) calendar year preceding date of application. Submit one of the following: your organization's business charter; articles of incorporation; accreditation by an appropriate accrediting body; evidence of recognized proprietorship or equivalent documentation or other document.
 - 4.2 Provide evidence of having provided healthcare and/or health information and technology training/education for minimum of one (1) calendar year preceding date of application. Possible documentation includes: signed class list; customer letter; customer completed evaluation form; invoice; etc.
 - 4.3 Articulate how the organization's mission statement and/or strategic objectives reflect a commitment to healthcare and/or health IT education.
 - 4.4 Provide a sample welcome letter or registration confirmation.
 - 4.5 If applicable, provide a sample certificate of completion (e.g. certification of completion, diploma, continuing education certificate, etc.).
 - 4.6 If applicable, identify types of continuing education credits that have been offered for this educational program (CME, CNE, ACHE, CPHIMS, CAHIMS, AHIMA, CPE, PDU, CHCIO, other).
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- 4.7 Describe how a learner would register for this course/program/event.
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- 4.8 Provide sample marketing materials for this course/program/event. Marketing materials may include website URLs, advertising, brochures, flyers, etc. Marketing materials need to be clear, accurate, timely and made available to learners before the activity.

- 4.9 Describe how inquiries are handled for the organization's educational offerings.

[SECTION 5]

Required Submission Course Materials

(Please note: When providing attachments, please reference the sub-section number, e.g. 5.1, 5.2, etc.)

Our goal in this section is to get to know your organization/program through a deep dive offering of the overall program. Examples may include; education sessions at a seminar/conference, materials related to classroom (in-person or online) teachings of a course, a module of an online learning course/training program, etc.

5.1 Submit one course/program/event for review by including the following:

5.1.1 Title _____

5.1.2 Summary Description of Course/Program (in 250 words or less)

5.1.3 Learning Objectives - Submit clear, specific, concise and measurable learning objectives for the course/program/event being reviewed. Based on Bloom's Taxonomy, a learning objective is an explicit statement that clearly expresses what the student will be able to do after completing the learning activity. Instructional delivery must include presentation of the learning objectives and expected outcomes at the beginning of the learning activity.

5.1.4 Provide demonstrated evidence of the principles of adult education in the design of the course/program/event, e.g. analysis of a case study, gamification, simulation, group discussion, role playing, reflective practice, practice exercises, oral presentations, essays, other.

5.1.5 Provide the resume or biography of primary individuals involved in course/program/event design. Expertise may be demonstrated by such qualifications as formal education, experience, CPHIMS or CAHIMS credential or other recognized credentials appropriate to the subject matter.

5.1.6 Describe the resources used to develop the content, e.g. books, journals, websites or other content.

5.1.7 Provide the resume or biography of subject matter expert(s) involved in content development. Expertise may be demonstrated by such qualifications as formal education, experience, CPHIMS or CAHIMS credential or other recognized credentials appropriate to the subject matter.

5.1.8 Provide the resume or biography of a CPHIMS or CAHIMS credential holder or other recognized credential other than those who have designed the course/program/event content, who has reviewed the course content (post course

development to ensure materials developed meet the needs of the industry). This cannot be the same person who is going to complete sections 7 and 8. This should be someone who is already involved in your program as an associate or as an advisor whereas sections 7 and 8 will bring in an impartial reviewer.

- 5.1.9 Please provide a complete set of course/program/event materials that include the following: outline/event design; syllabus; student/participant guide; Instructor's Guide; PowerPoint slides; website URL; Other. All course/program/event materials must follow the outline/syllabus in a clear and logical manner. Instructional delivery must include presentation of learning objectives and expected outcomes at the beginning of the learning event. Also, provide examples of handouts, class exercises, group activities, learning projects or other learning aids and their expected answers or results.
- 5.1.10 Identify the process of identifying, selecting and evaluating instructors/speakers.
- 5.1.11 Provide a resume/biography of each instructor/speaker used for this course/program/event. Expertise may be demonstrated by such qualifications as formal education, experience or other recognized credentials appropriate to the subject matter.
- 5.1.12 Provide an explanation of how instructional methods are used to achieve learning objectives. Instructional method examples might include: lecture, discussion, guest speakers, brainstorming, video, group discussion, case studies, role playing, etc. Include examples when you submit your course/program/event materials.
- 5.1.13 Provide a sample course/program/event evaluation form that must contain, at a minimum, an assessment of a) whether the intended learning outcomes were met, b) the instructional methodologies facilitated achievement of the course goal c) the instructor/speaker was effective and d) the instructor/speaker gave timely and specific feedback to students/participants on their mastery of the learning objectives.
- 5.1.14 Provide learner evaluation responses from a past instance of this same course/program/event.
- 5.1.15 Describe how evaluation results are reviewed and integrated back into the program.
- 5.1.16 Identify the process used to update/enhance/continuously improve the quality of the content based on feedback, changes to the industry or other. Additionally, please describe any advisory group or board you have established that provides input into your program and course.

[SECTION 6]

Acknowledgement of Marketing and Communications Requirement

(Please check both items below to indicate agreement.)

If authorized as an AEP, I agree to display the seal/logo so that it is clearly linked to the name of the AEP and it may only be used in conjunction with AEP's courses or educational products related to health IT and healthcare.

If authorized as an AEP, I agree that the seal/logo may only be used to indicate the AEP's enrollment in the AEP program and not in a manner which expresses or implies that HIMSS has accredited, certified, sponsored, endorsed or guaranteed the quality of any of the AEP's specific products, courses, publications or services.

[SECTION 7]

CPHIMS/CAHIMS Review Sign-off for Activity

This section may be completed by the AEP applicant or the CPHIMS/CAHIMS reviewer identified for this activity.

AEP applicants must identify a CPHIMS or CAHIMS credential holder who is in good standing, to review and sign-off. This should not be the same person who you have submitted materials for in 5.1.8. If you cannot identify one, please contact HIMSS at careerservices@himss.org and we will connect you to a CPHIMS or CAHIMS certified individual who will be able to assist with the completion of this section.

It is the expectation that the CPHIMS or CAHIMS reviewer completes sections 7 and 8. The CPHIMS or CAHIMS reviewer may provide these sections back to you as the applicant to be included with your overall application OR they may submit these sections directly to the AEP team at careerservices@himss.org. However, the application will not be reviewed until these sections are completed and received by HIMSS.

Prefix	First Name (of the Reviewer)	Last Name (of the Reviewer)	Suffix
_____	_____	_____	_____

CPHIMS or CAHIMS membership number (of the Reviewer)

Street Address (of the Reviewer)

City/State/Province	Zip/Postal Code	Country
_____	_____	_____

Phone Number (of the Reviewer)	E-mail Address (of the Reviewer)
_____	_____

Title of the course/program/event to be reviewed (by the reviewer)

[SECTION 8]

CAHIMS/CPHIMS Reviewer Attestation

The CPHIMS or CAHIMS reviewer you have identified completes this portion of the form. Based on your review of the activity materials, please provide your assessment of this course by answering the following question. Is the activity material substantially consistent with the concepts and terminology as found in the current version of the CAHIMS Content Outline or CPHIMS Content Outline as well as other generally accepted health IT and healthcare concepts used for this activity? (Select ONE)

Content fully aligns to the latest published edition of the CAHIMS or CPHIMS Content Outline as well as other generally accepted health IT and healthcare concepts being used.

Content substantially aligns with the CAHIMS or CPHIMS Content Outline as well as other generally accepted health IT and healthcare concepts and differences are noted.

Content offers health IT and healthcare concepts alternative to the CAHIMS or CPHIMS Content Outline as well as other generally accepted Health IT concepts and clearly identifies this.

Content does not directly address the CAHIMS or CPHIMS Content Outline or other generally accepted health IT and healthcare concepts, but covers general management skills that directly support Health IT professional development.

Content incorrectly represents the CAHIMS or CPHIMS Content Outline or does not offer relevant health IT knowledge.

IMPORTANT: FORMS WITHOUT THIS BOX CHECKED ARE INVALID

By checking this box, I, the above listed CAHIMS or CPHIMS credential holder, attest that I have reviewed the completed activity content and materials for the above listed activity submitted for review as a HIMSS AEP and have found them to be in conformance with the above criteria as indicated. Please note that I am not the individual who designed or developed the activity.

Signature

Date: mm/dd/yyyy

(Electronic signature acceptable)

[SECTION 9]

HIMSS AEP Terms and Conditions

PROGRAM TERM: Upon acceptance into the HIMSS Approved Education Partner Program (“Program” or “HIMSS AEP”) and payment of the applicable enrollment fee, participants agree to participate in the Program for three-years (“Term”), commencing the date of invoice of the enrollment fee or the first installation thereof.

BENEFITS OF THE PROGRAM: Benefits of the AEP program are accessible upon payment of the enrollment fee or the first installation thereof. Participant may display the HIMSS AEP name and seal on its website and in its marketing materials. Approved HIMSS AEP pro forma marketing materials are available through the Program. Participant is pre-approved to provide continuing education hours for the HIMSS CAHIMS and CPHIMS certification. Participant’s name, logo and description will be displayed on the HIMSS AEP member directory page, where HIMSS will include a link to participant’s website, and Participants are invited to highlight any discount offered by its program to HIMSS members. HIMSS will announce participant’s inclusion in the program through the HIMSS Weekly Insider or other communications vehicles as appropriate. Participant will be granted access to the materials utilized by HIMSS for providing CAHIMS and CPHIMS review courses. Quarterly during the Term, HIMSS will promote one participant-sponsored healthcare and/or healthcare information and technology-related event on the HIMSS Events website (located at www.himss.org/events). Annually, participant will be invited to host a thought leadership webinar through the HIMSS Early Careerists Community.

PAYMENT: Upon acceptance into the Program the HIMSS Approved Education Partner Program Participant (“Participant”) agrees to pay the Enrollment Fee. Enrollment Fees may be paid in full for the Term in advance, or in three equal annual installments. enrollment fees are as follows:

For-Profit Provider:	\$995 per year
Non-Profit Provider	\$875 per year
HIMSS Academic Organizational Affiliate	\$745 per year

Per the payment conditions as identified in Section 5 enrollment fees may be paid in full for the term in advance, or in three equal annual installments. If you are extending your enrollment for an additional three (3) years, please indicate how you would like to be invoiced.

Full Term in advance

Three equal annual installments

Participant agrees to pay the enrollment fee upon receipt of invoice from HIMSS. Non-payment of the Enrollment Fee pursuant to invoice terms may result in suspension or termination of Participant's enrollment in the Program. ENROLLMENT FEES ARE NON-REFUNDABLE. Cancellation is accepted only upon written notification and subsequent review and approval of the request by HIMSS.

COURSE AUDIT: Participant agrees that during each year of the term and upon request, it shall grant HIMSS one complimentary seat to the course of HIMSS choice, for the purposes of observation and validation of Participant's continuing eligibility in the program in HIMSS' sole discretion. HIMSS shall be responsible for all other costs associated with attending and auditing course audit activity.

USE OF HIMSS AEP NAME AND SEAL: During the term, participants are authorized to use the HIMSS AEP name and seal, including pro forma marketing materials, solely to identify participant as a HIMSS Approved Education Partner and in accordance with the branding guidelines made available to Participants through the Program's marketing toolkit. Participant's failure to observe the branding guidelines for HIMSS AEP name and seal may result in suspension or termination of Participant's enrollment in the Program, at HIMSS' sole discretion.

GOVERNING LAW: This agreement shall be governed in accordance with the laws of the State of Illinois. Any and all litigation arising from, or as a result of this agreement will be conducted in Chicago, Illinois and shall be governed in accordance with the laws of the State of Illinois. This application does not represent a joint venture between HIMSS and the participant; each shall retain the status of independent contractor and shall not have the authority to bind or represent the other. The agreement may not be assigned to another entity without prior written consent from HIMSS.

Signature

Date: mm/dd/yyyy

(Electronic signature acceptable)