

## For Advancement to HIMSS Senior and Fellow Member Status

This application reflects the scoring methodology that will be applied when determining your eligibility for advancement. Your final score and the evaluation of your application are subject to peer review.

In addition to the application, please provide the following items:

1. Current job description
2. Organizational chart, with position circled
3. Proof of highest degree, if applicable
4. Proof of current certification credential or licensure, if applicable
5. Letter of recommendation from current HIMSS Fellow outside of your current workplace (if applying for Fellow Member status)
6. Letter of recommendation from CxO (optional)
7. Headshot - high resolution photo (1200 x 630 px is preferred) as desired for news item feature. Refer to #7 below.

Remember to make a copy of your entire application and all other materials for your records. Your application is not considered complete nor will be sent for approval until all materials are received by HIMSS staff. If you have any questions, please contact HIMSS staff at [advancement@himss.org](mailto:advancement@himss.org).

### ***Policy and Procedure for HIMSS Advancement***

1. Any member wishing to advance to Senior Member or Fellow Member in HIMSS must fill out the application online or download the PDF from the HIMSS website at [www.himss.org](http://www.himss.org).
2. Any member wishing to advance to Life or Life Fellow Member status must send a request to [advancement@himss.org](mailto:advancement@himss.org) requesting Life or Life Fellow Membership by providing the years of membership and why the member wishes to advance to Life status and how he or she will continue engaging with HIMSS.
3. Complete advancement applications and attachments will be sent to an Advancement Reviewer, who will review the application and return it to HIMSS with his or her recommendation.
4. If an application is denied for advancement, the deficiencies will be noted. HIMSS will contact the member and provide suggestions for corrective action(s).
5. Approved applications will be presented to the HIMSS Board of Directors at the next regularly scheduled meeting (meet on a quarterly basis). The HIMSS Board of Directors reserves the right to accept or reject the recommendations of HIMSS.

6. After the HIMSS Board of Directors meeting, HIMSS staff will notify members. For all approved advancement applications, a certificate and pin will be mailed to the member.
7. Approved members will be recognized in a news item and in our member directory on the HIMSS Advancement page.

### Appeals Process

Any member whose application has been denied may appeal the decision, in writing, to the HIMSS Products Officer Reid Oakes at Reid.Oakes@himss.org within 60 days of notification date. HIMSS will review the request and issue a final determination.

### Points Requirements

- o **Senior Member**, the applicant must have a **minimum of 100 total points**.
- To advance to **Fellow Member** status, the applicant must have a **minimum of 100 HIMSS points** and an overall **minimum of 200 total points**.
- Minimum point requirements related to HIMSS activities are defined in each category.

### CATEGORY ONE - YEARS OF MEMBERSHIP

- To advance to either Senior or Fellow, the minimum requirement for membership is 3 continuous years of membership.
- Each year of membership counts as **2 points** (*chapter only and online only membership does not count*).
- A maximum number of 10 points are accepted from this category for advancement to Senior Member status.
- A maximum number of 25 points are accepted from this category for advancement to Fellow Member status.

*\*For purposes of this advancement application, references to "HIMSS" includes current and prior contributions to HIMSS and to CHIM, CHIME, CPRI-HOST, MANI, and AFECHT.*

### CATEGORY TWO – EDUCATION

- Points are awarded for your highest degree earned.
- A maximum number of 25 points are accepted from this category for advancement.

Type	Submission Format	Point Value
Doctorate	Proof of educational level	25
Doctorate candidate	Proof of educational level	20
Master's degree	Proof of educational level	15
Bachelor's degree	Proof of educational level	10
Associate degree	Proof of educational level	5

### CATEGORY THREE – CERTIFICATION and LICENSURE CATEGORY

- A maximum number of 65 points are accepted from this category.

HIMSS Certifications	Submission Format	Point Value
HIMSS Certification (CPDHTS or CPHIMS)	Proof of certification credential	25
HIMSS Certification (CAHIMS)	Proof of certification credential	20

Non-HIMSS Certifications/Licensures	Submission Format	Point Value
Medical License (Physician, i.e., MD, DO, DPM, DDS, etc.)	Proof of license	35
License (Non-Physician, i.e., PharmD, RPh, CRNA, PA, NP, APNP, RN, LPN, etc.)	Proof of license	35
Other Professional Certification (ABPM, PMP, CHCIO, CMPE, FACHE, RHIA, CISSP, etc.)	Proof of certification credential	15
Other Technical Certification	Proof of certification credential	5

### CATEGORY FOUR – EXPERIENCE AND JOB RESPONSIBILITY

- Include positions held for a minimum of one year or more in a healthcare related field, including your present position. **Multiply point value by the number of years in each position.**
- A maximum number of 50 points are accepted from this category for advancement to Senior Member status and a maximum of 60 points for advancement to Fellow Member status.

Type	Submission Format	Point Value
<b>Senior Executive positions:</b> <i>Includes CxO and Executive Vice President levels.</i>	Organization, Position Title, Dates, Location (City, State, Country), Responsibilities	8
<b>Administrative Vice President, Full Professor or Director positions:</b> <i>Includes department director with responsibility for establishing policy and procedure, budget responsibility, and/or hire and termination authority.</i>	Organization, Position Title, Dates, Location (City, State, Country), Responsibilities	6

<b>Managerial, Associate/Adjunct Professor or Supervisory positions:</b> <i>Includes manager/supervisor of one or more employees for whom you determine task assignments or a project manager with budget management responsibility.</i>	Organization, Position Title, Dates, Location (City, State, Country), Responsibilities	4
<b>Non-supervisory positions</b>	Organization, Position Title, Dates, Location (City, State, Country), Responsibilities	2

### **CATEGORY FIVE - PRESENTATIONS/PUBLICATIONS**

- Each publication/presentation may be counted only once.
- A maximum number of 50 points total are accepted from this category for advancement to Senior Member status.
- A minimum number of 15 points must come from HIMSS-related activities in this category and a maximum number of 80 points total are accepted from this category for advancement to Fellow Member status.

<b>HIMSS Presentations</b>	<b>Submission Format</b>	<b>Point Value</b>
HIMSS Global Conference Workshop Presentation; eight-hour session.	Title, Date, Location	20
HIMSS Global Conference Workshop Presentation; four-hour session.	Title, Date, Location	15
HIMSS Global Conference Presentation; one-hour session.	Title, Date, Location	10
Presentation at HIMSS Pre-Conference Symposium; one-hour session.	Title, Date, Location	10
Presentation at a HIMSS event; one-hour session.	Title, Date, Location	10
HIMSS Global Conference e-Session; 20-minute electronic presentation, including audio, poster session.	Title, Date, Location	7
HIMSS Global Conference Poster Presentation	Title, Date, Location	5
HIMSS Roundtable Presentation; or Member of Panel; 60-minute session.	Title, Date, Location	5

Presentation at HIMSS Chapter Meeting; one-hour session.	Title, Date, Location	5
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<b>HIMSS Distance Learning Presentations</b>	<b>Submission Format</b>	<b>Point Value</b>
E-Learning Sessions Author; one-module (each module 10 points).	Title, Date	10
HIMSS Sponsored Webinar Presentation; one-hour.	Title, Date	10
HIMSS Virtual Conference Presentation; one-hour.	Title, Date	10
HIMSS Podcast; 15-minutes.	Title, Date	5

<b>HIMSS Publications</b>	<b>Submission Format</b>	<b>Point Value</b>
HIMSS Sponsored Book (Author, Editor)	Title, Date	20
Chapter or white paper in a HIMSS Publication	Title, Date, Title of Publication	5
Case Study Published on <a href="http://www.himss.org">www.himss.org</a>	Title, Date	5
Article in a HIMSS Publication	Title, Date, Title of Publication	3
Article in a HIMSS Chapter Publication	Title, Date, Title of Publication	2

<b>Non-HIMSS Presentations</b>	<b>Submission Format</b>	<b>Point Value</b>
Presentation on a Healthcare Related Topic to a Non-HIMSS Audience/Association/Group	Title, Date	7
Webinar Presentation on a Healthcare Related Topic to a Non-HIMSS Audience/Association/Group	Title, Date	7
Panel Presentation on a Healthcare Related Topic to a	Title, Date	3

Non-HIMSS Audience/Association/Group		
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<b>Non-HIMSS Publications</b>	<b>Submission Format</b>	<b>Point Value</b>
Book or Author of E-Learning Session on Healthcare Related Topic	Title, Date	15
Davies, Maturity Model Stage 7 or Maturity Model Stage 6 Case Study	Title, Date	5
White Paper or Technical Paper on Healthcare Related Topic Published in a Non-HIMSS Journal, Book, Newsletter, Website	Title, Date, Title of Publication	3
Chapter or Article on Healthcare Related Topic Published in a Non-HIMSS Publication, Book, Newsletter, Website	Title, Date, Title of Publication	3

### **CATEGORY SIX - PROFESSIONAL PARTICIPATION**

- Count each full year of professional participation only once for each position you have listed on the application.
- A minimum number of 10 points must come from HIMSS-related activities in this category and a maximum number of 50 points total are accepted from this category for advancement to Senior Member status.
- A minimum number of 20 points must come from HIMSS-related activities in this category and a maximum number of 80 points total are accepted from this category for advancement to Fellow Member status.

<b>HIMSS Participation</b>	<b>Submission Format</b>	<b>Point Value</b>
Board of Directors, Chair (All HIMSS Boards included)	Specify Year and Position	30
Board of Directors, Vice Chair (All HIMSS Boards included)	Specify Year and Position	25
Board of Directors, Member (All HIMSS Boards included)	Specify Year and Position	20
Committee Chair	Specify Year and Position	15
Davies Submission, Chair	Specify Year	15
Maturity Model Stage 7 Submission, Chair	Specify Year	15
Davies Submission, Participant	Specify Year	10

Maturity Model Stage 7 Submission, Participant	Specify Year	10
Maturity Model Stage 6 Submission, Chair	Specify Year	7
Committee Member	Specify Year and Position	7
Global Conference Presentation Reviewer	Specify Year	7
Maturity Model Stage 6 Submission, Participant	Specify Year	5
Lead or Associate Digital Health Validation Partner	Specify Year	5
Task Force, Special Interest Group (SIG), Workgroup or Roundtable Chair	Specify Year and Type	5
HIMSS Sponsored Educational Event, Pre-Conference Education Chair	Specify Year and Type	5
Task Force, Special Interest Group (SIG), Community, Microsoft User Group, Roundtable, or Workgroup Member	Specify Year and Type	3
Mentor in a HIMSS Mentorship Program	Specify Year	3
Completed HIMSS Survey	Specify Year and Survey	2
Moderator at a HIMSS Sponsored Educational Event	Specify Dates	2

<b>HIMSS Chapter Participation</b>	<b>Submission Format</b>	<b>Point Value</b>
Board of Directors - President	Specify Chapter, Year	20
Board of Directors – Elected Officer	Specify Chapter, Year, Position	10
Committee, Task Force or Workgroup Chair (If not currently on Chapter Board)	Specify Chapter, Year, , Type	10
Board of Directors – Non-Elected Position	Specify Chapter, Year, Position	8
Chapter Committee Member	Specify Chapter, Year, Type	5
Leading a Study Group or Review Course	Specify Chapter, Year,	3
Moderator of an Educational Program at Chapter Event	Specify Dates	2
Chapter Sanctioned Task Force or Workgroup Member	Specify Chapter, Year, Type	2

<b>Non-HIMSS Professional Association Participation</b>	<b>Submission Format</b>	<b>Point Value</b>
Board of Directors – President, Vice President or Other Elected Officer	Specify Society, Year, Position	7
Committee Chair	Specify Society, Year, Committee	5
Committee Member	Specify Society, Year, Committee	3
Task Force or Workgroup Member	Specify Society, Year, Type	2
Serve as a Mentor	Year	3
Non-HIMSS User Group Member	Specify Year and name	2

### **CATEGORY SEVEN - PROFESSIONAL DEVELOPMENT CATEGORY**

- A minimum number of 5 points must come from HIMSS-related activities in this category and a maximum number of 50 points total are accepted from this category for advancement to Senior Member status.
- A minimum number of 15 points must come from HIMSS-related activities in this category and a maximum number of 80 points total are accepted from this category for advancement to Fellow Member status.

<b>HIMSS Professional Development</b>	<b>Submission Format</b>	<b>Point Value</b>
Attendance at HIMSS Global Conference	Specify Conference and Date	5
Attendance at any HIMSS Full Day Educational Event (Virtual, Pre-Conference, GHIT, etc.)	Specify Conference and Date	3
Attendance at any HIMSS Full Day Chapter or Regional Educational Event	Specify Conference and Date	3

<b>Non-HIMSS Professional Development</b>	<b>Submission Format</b>	<b>Point Value</b>
Attendance at any healthcare-related Global Conference	Specify Conference and Date	4
Attendance at any healthcare-related Full Day Educational Event (Virtual, Pre-Conference, etc.)	Specify Conference and Date	2



Attendance at any healthcare-related Full Day Chapter or Regional Educational Event	Specify Conference and Date	2
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### **CATEGORY EIGHT – AWARDS/HONORS**

- Count each award only once.

<b>HIMSS Awards</b>	<b>Submission Format</b>	<b>Point Value</b>
HIMSS Award Recipient	Specify Name of Award and Year	5
HIMSS Nicholas E. Davies Award	Specify Year	5
HIMSS Chapter Award or Recognition	Specify Name of Award and Year	4

<b>Non-HIMSS Awards</b>	<b>Submission Format</b>	<b>Point Value</b>
Other Professional Society Award or Recognition	Specify Name of Award and Year	3
Civic, Religious, Employer Award	Specify Name of Award and Year	2

## **Advancement Activity Worksheets**

Below is an advancement activity worksheet for both Senior Member and Fellow Member status. These worksheets should be used as guides to help you as you complete your advancement application. Total the points for each category and enter below.

- If you are applying for Senior Member status, enter points in the Senior Member section.
- If you are applying for Fellow Member status, enter points in the Fellow Member section.

### **Senior Member**

The following reflects the categories to be considered for Senior Member status. Meeting the minimum overall point requirement using points earned from a single category. *You must have a minimum of 100 points to qualify for Senior Member status.*

#### **Senior Member Points**

Category	Minimum HIMSS Points Required	Your HIMSS Points	Your Non-HIMSS Points	Maximum Accepted	Total Points
<b>1. Years of Membership in HIMSS / CHIM / CRPI-HOST / MANI / MS-HUG (Minimum of 3 years required)</b>	<b>6</b>		<b>N/A</b>	<b>10</b>	
<b>2. Education</b>	<b>N/A</b>	<b>N/A</b>		<b>25</b>	
<b>3. Certification and Licensure</b>	<b>N/A</b>			<b>65</b>	
<b>4. Experience</b>	<b>N/A</b>	<b>N/A</b>		<b>50</b>	
<b>5. Publications/Presentations</b>	<b>N/A</b>			<b>50</b>	
<b>6. Professional Participation</b>	<b>10</b>			<b>50</b>	
<b>7. Professional Development</b>	<b>5</b>			<b>50</b>	
<b>8. Awards/Honors</b>	<b>N/A</b>			<b>N/A</b>	
<b>SUM OF POINTS</b>					

**Minimum Requirement – There are category specific minimums and you must also have a minimum of 100 total points to qualify for Senior Member status.**

## Fellow Member

The following reflects the categories to be considered for Fellow Member status. Meeting the minimum overall point requirement using points earned from a single category. *To advance to Fellow Member, there are minimums for each category, but your overall HIMSS points must be 100 or greater and your overall points must be 200 or greater.*

### Fellow Member Points

Category	Minimum HIMSS Points Required*	Your HIMSS Points	Your Non-HIMSS Points	Maximum Accepted	Total Points
1. Years of Membership in HIMSS / CHIM / CRPI-HOST / MANI / MS-HUG (Minimum of 3 years required)	6		N/A	25	
2. Education	N/A	N/A		25	
3. Certification and Licensure	N/A			65	
4. Experience	N/A	N/A		60	
5. Publications/Presentations	15			80	
6. Professional Participation	20			80	
7. Professional Development	15			80	
8. Awards/Honors	N/A			N/A	
<b>SUM OF POINTS</b>					

**Minimum Requirement – There are category specific minimum requirements and you must also have a minimum of 100 HIMSS points and a minimum of 200 overall points to qualify for Fellow Member status.**

## HIMSS ADVANCEMENT APPLICATION FORM

(Last updated April 2022)

I am applying for:

- Senior Member status
- Fellow Member status

HIMSS Membership # \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Name Details e.g. licenses, credentials, designations \_\_\_\_\_

Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Twitter handle \_\_\_\_\_

*(Please only include Twitter handle if it is OK for HIMSS Engagement Strategies to acknowledge your achievement via HIMSS social media)*

Once your application for HIMSS Advancement is submitted with the required documentation (listed below), we will review your application with a volunteer reviewer. If your application meets the requirements, it will then go to the HIMSS Board of Directors for their approval. The HIMSS Board of Directors meets on a quarterly basis. We will notify you shortly after regarding the status of your application.

If approved, your HIMSS Advancement certificate and pin will be mailed to you shortly after notification. Please list the exact name, credentials, etc. you would like it printed on your certificate (i.e. Jennifer Smith, PhD., CPHIMS, FHIMSS) and the address you would like it mailed to below:

**Name on Certificate** \_\_\_\_\_

**Address** \_\_\_\_\_

Newly advanced members will be featured in a news item on the HIMSS.org website. HIMSS will publish your name, designations, title and organization. If you opt out HIMSS will only publish your name and new designation.

I opt out of having my title and organization published and wish to only be identified by name and new SHIMSS or FHIMSS designation.

Additionally, HIMSS will be spotlighting some of our newly advanced members. If you would like to be considered for this opportunity, please provide your response to one of the questions below. Written responses should be 100 words or less.

- Why did you apply to become a HIMSS Senior, Fellow or Life Member?
- Why are you passionate about being a HIMSS Senior, Fellow or Life Member?
- What has surprised you most about working in health information and technology?
- What is a HIMSS collaboration that makes you proud?
- What advice do you have for someone who is considering a career in health information and technology?

Failure to provide this information will be viewed as your intention to opt out of this spotlight recognition.

Please visit our [website](#) or email [advancement@himss.org](mailto:advancement@himss.org) to request upcoming HIMSS Board of Directors meeting dates.

**REQUIRED ENCLOSURES:**

- Advancement application form
- Current job description
- Organizational chart with position circled
- Proof of highest degree, if applicable
- Proof of current certification credential(s), if applicable
- Letter of recommendation from current HIMSS Fellow (if applying for Fellow)
- Letter of recommendation from CxO (optional)
- Headshot - high resolution photo (1200 x 630 px is preferred), if providing for spotlight news item

**CATEGORY ONE - YEARS OF MEMBERSHIP**

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\_\_\_\_\_ x 2 = \_\_\_\_\_

Year Joined	Total Years of National Membership	Total Points for Years of National Membership
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**CATEGORY TWO - EDUCATION**

Provide proof of your highest educational level attained.

**Total Non-HIMSS Points for Education** \_\_\_\_\_

**CATEGORY THREE – CERTIFICATION AND LICENSURE**

Provide proof of any certification credential(s) or licenses that you have achieved or a copy of an acceptance letter.

Type (include license/certification name)	Date Received	HIMSS Points	Non-HIMSS Points
1.			
2.			
3.			
4.			

**Total HIMSS Points for Certification and Licensure** \_\_\_\_\_

**Total Non-HIMSS Points for Certification and Licensure** \_\_\_\_\_

**CATEGORY FOUR – EXPERIENCE AND JOB RESPONSIBILITY**

Organization	Position Title	Dates	Location	Responsibilities	Points x # of Years
1.					
2.					
3.					
4.					

Total Non-HIMSS Points for Experience and Job Responsibility \_\_\_\_\_

**CATEGORY FIVE - PRESENTATIONS/PUBLICATIONS**

Type	Title	Date	Location	HIMSS Points	Non-HIMSS Points
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Total HIMSS Points for Presentations/Publications \_\_\_\_\_

Total Non-HIMSS Points for Presentations/Publications \_\_\_\_\_

**CATEGORY SIX - PROFESSIONAL PARTICIPATION**

Activity Type	Additional Detail (Position, Chapter, Org, Committee, etc.)	Date	HIMSS Points	Non-HIMSS Points
1.				
2.				

3.				
4.				
5.				
6.				
7.				
8.				
9.				

**Total HIMSS Points for Professional Participation** \_\_\_\_\_

**Total Non-HIMSS Points for Professional Participation** \_\_\_\_\_

**CATEGORY SEVEN - PROFESSIONAL DEVELOPMENT**

Activity Type	Conference/Event Name	Date	Location	HIMSS Points	Non-HIMSS Points
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**Total HIMSS Points for Professional Development** \_\_\_\_\_



Total Non-HIMSS Points for Professional Development \_\_\_\_\_

**CATEGORY EIGHT – AWARDS/HONORS**

Award	Presented By	Date	HIMSS Points	Non-HIMSS Points
1.				
2.				
3.				
4.				

Total HIMSS Points for Awards/Honors \_\_\_\_\_

Total Non-HIMSS Points for Awards/Honors \_\_\_\_\_