

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 of \$250 after the approval of the Change in Program Director has been completed. Contact <u>Benjamin Reed</u> 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 Nam	ne
List all Credentials		
Institution/College Name		
Program Mailing Address		
Address 1		
Citv	State	Zip Code

Phone	Cell Phone (if applicable)
Email	
CAHIIM Educational Program Code (EPC	3)
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 Prog	ram Director
Is this position considered fulltime within t	he institution?
Yes	
No	
If no, explain:	
Does this person have all the rights, priviled described in the CAHIIM Standards?	eges and responsibilities of a fulltime faculty member and Program Director as
Yes	
No	
If no, explain:	
Describe release time for the program directeaching workload per term):	ector to devote to all duties and responsibilities (such as percent release time;

Program Director Information

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Institution		ee Awarded	Date Completed (mm/yyyy)
Feaching Experience			
Institution	Faculty Rank	Courses taught (course prefixes, courcurse names)	Dates (mm/yyyy)
Professional Practice Employment			
Employer	Position	Position Title	
		ious and current calendar year that contribution in courses assigned.	ite to knowledge and
	Activit	у	Dates (mm/yyyyy)
Provider			