

# Advancement Application

## for Senior Member and Fellow Member status



### Philosophy

The purpose of the advancement program is to recognize those members who have provided substantial service and contributions to HIMSS, with an emphasis on the member's professional growth and participation. In addition, the HIMSS advancement program recognizes members for their contribution of knowledge and experience to the healthcare industry as a whole.

Achieving advancement will signify a member's intent to actively engage in the leadership of HIMSS. Individuals who advance to Senior Member, Fellow Member and/or Life/Life Fellow Member status are seen as leaders within HIMSS, implying not only recognition for past contributions, but also the expectation of continued participation and contributions. Life/Life Fellow Members are considered the highest level of membership. Advanced members are those who are known and recognized within HIMSS for their continued service and ongoing contribution of their knowledge to the success of the society and to the fields of healthcare, information, technology and change. In summary, the goals of the membership advancement process include:

1. Solicit appropriate evidence of individual contributions to HIMSS and to the healthcare industry as a whole;
2. Reflect appropriate criteria for Senior Member and Fellow Member advancement;
3. Aid members' understanding that advancement within HIMSS is synonymous with more organization participation and leadership;
4. Function as a tool to support mentoring of members toward advancement and participation within HIMSS.

## Application and Other Documentation

An advancement application is included to assist you in determining your score. The 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)

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 web site 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 North America Board of Directors at the next regularly scheduled meeting (meet on a quarterly basis). The HIMSS North America Board of Directors reserves the right to accept or reject the recommendations of HIMSS.
6. After the HIMSS North America Board of Directions meeting, HIMSS staff will notify members. For all approved advancement applications, a certificate and pin will be mailed to the member.

## Appeals Process

Any member whose application has been denied may appeal the decision, in writing, to the HIMSS Vice President of Professional Development within 60 days of notification date. HIMSS will review the request and issue a final determination.

## Points Requirements

- To advance to **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**.

## CATEGORY ONE - YEARS OF NATIONAL MEMBERSHIP

- Each year of National membership counts as **2 points** (*chapter only and online only membership does not count*). (To advance to either Senior or Fellow, there is no minimum requirement for membership.)
- 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
Associates degree	Proof of educational level	5

### CATEGORY THREE – CERTIFICATION and LICENSURE

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

Type	Submission Format	Point Value
<b>Medical License (Physician, i.e., MD, DO, DPM, DDS, etc. )</b>	Proof of license	35
<b>License (Non-Physician, i.e., PharmD, RPh, CRNA, PA, NP, APNP, RN, LPN, etc.)</b>	Proof of license	35
Certified Professional in Healthcare Information and Management Systems (CPHIMS)	Proof of certification credential	25
Certified Associate in Healthcare Information and Management Systems (CAHIMS)	Proof of certification credential	20
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 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), 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), Responsibilities	6
<b>Managerial, Associate/Adjunct Professor or Supervisory positions:</b> <i>Includes manager/supervisor of one or more employees for whom you</i>	Organization, Position Title, Dates, Location (City, State), Responsibilities	4

<i>determine task assignments or a project manager with budget management responsibility.</i>		
<b>Non-supervisory positions</b>	Organization, Position Title, Dates, Location (City, State), Responsibilities	2

## CATEGORY FIVE - PRESENTATIONS/PUBLICATIONS

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

<b>HIMSS Presentations</b>	<b>Submission Format</b>	<b>Point Value</b>
HIMSS Annual Conference Workshop Presentation; eight-hour session.	Title, Date, Location	20
HIMSS Annual Conference Workshop Presentation; four-hour session.	Title, Date, Location	15
HIMSS Annual 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 Annual Conference e-Session; 20-minute electronic presentation, including audio, poster session.	Title, Date, Location	7
HIMSS Roundtable Presentation; Member of Panel; 60-minute session.	Title, Date, Location	5
Presentation at HIMSS Chapter Meeting; one-hour session.	Title, Date, Location	5

<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 orwhite 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 HIMSS Publication	Title, Date, Title of Publication	3
Article in 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 Non-HIMSS Audience/Association/Group	Title, Date	3

<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, EMRAM Stage 7 or EMRAM Stage 6 Case Study	Title, Date	5
White Paper or Technical Paper on Healthcare Related Topic	Title, Date, Title of Publication	3

Published in a Non-HIMSS Journal, Book, Newsletter, Website		
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 this category and a maximum number of 50 points are accepted from this category for advancement to Senior Member status.
- A minimum number of 20 points must come from this category and a maximum number of 80 points are accepted from this category for advancement to Fellow Member status.

HIMSS Participation	Submission Forum	Point Value
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
Committee Member	Specify Year and Position	7
Annual Conference Presentation Reviewer	Specify Year	7
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
HIMSS Mentor 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 Form</b>	<b>Point Value</b>
Board of Directors - President	Specify Chapter, Year, Committee	20
Board of Directors – Elected Officer	Specify Chapter, Year, Position, Committee	10
Committee, Task Force or Workgroup Chair (If not currently on Chapter Board)	Specify Chapter, Year, , Type	10
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 Form</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	Specify Years	3
Non-HIMSS User Group Member	Specify Year and Name	2

## **CATEGORY SEVEN - PROFESSIONAL DEVELOPMENT**

- A minimum number of 5 points must come from this category and a maximum number of 50 points are accepted from this category for advancement to Senior Member status.
- A minimum number of 15 points must come from this category and a maximum number of 80 points 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 Annual 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>Davies or EMRAM Stage 7 Submission, Chair</b>	Specify Year	15
<b>Davies or EMRAM Stage 7 Submission, Participant</b>	Specify Year	10
<b>EMRAM Stage 6 Submission, Chair</b>	Specify Year	7
<b>EMRAM Stage 6 Submission, Participant</b>	Specify Year	5

<b>Non-HIMSS Professional Development</b>	<b>Submission Format</b>	<b>Point Value</b>
Attendance at any healthcare-related Annual 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

## **CATEGORY EIGHT – AWARDS/HONORS**

- Count each award only once.

<b>Type of Award</b>	<b>Submission Format</b>	<b>Point Value</b>
HIMSS Award Recipient	Specify Name of Award and Date	5
HIMSS Nicholas E. Davies Award	Specify Date	5
HIMSS EMRAM Stage 7	Specify Date	5
HIMSS EMRAM Stage 6	Specify Date	3
HIMSS Chapter Award or Recognition	Specify Name of Award and Date	4
Other Professional Society Award or Recognition	Specify Name of Award and Date	3
Civic, Religious, Employer Award	Specify Name of Award and Date	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
1.Years of Membership in HIMSS / CHIM / CRPI-HOST / MANI / MS-HUG (Minimum of 3 years required)	N/A		N/A	10	
2. Education	N/A	N/A		25	
3. Certification	N/A			65	
4. Experience	N/A			50	
5. Publications/Presentations	N/A			50	
6. Professional Participation	10			50	
7. Professional Development	5		N/A	50	
8. Awards/Honors	N/A			N/A	
SUM OF POINTS					

Minimum Requirement - You must 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)	N/A		N/A	25	
2. Education	N/A	N/A		25	
3. Certification	N/A			65	
4. Experience	N/A	N/A		60	
5. Publications/Presentations	15			80	
6. Professional Participation	20			80	
7. Professional Development	15		N/A	80	
8. Awards/Honors	N/A			N/A	
<b>SUM OF POINTS</b>		<b>100</b>			<b>200</b>

**\*To advance to HIMSS Fellow, 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.**

## HIMSS ADVANCEMENT APPLICATION FORM

(Last updated June 2017)

I am applying for:

- ☐ Senior Member status  
☐ Fellow Member status

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

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

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

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

Organization \_\_\_\_\_

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

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

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

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

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

*(Please only include if it's OK for HIMSS Professional Development 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.

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** \_\_\_\_\_

Please 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)

**CATEGORY ONE - YEARS OF NATIONAL MEMBERSHIP**

\_\_\_\_\_ x 2 = \_\_\_\_\_  
Year Joined                      Total Years of                      Total Points for Years of  
National Membership                      National Membership

**CATEGORY TWO - EDUCATION**

Provide proof of your highest educational level attained.

Total Points for Education \_\_\_\_\_

**CATEGORY THREE – CERTIFICATION**

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

Certification or Acceptance Letter	Date Received	HIMSS Points	Non-HIMSS Points
1.			
2.			
3.			

Total Points for Certification \_\_\_\_\_

## CATEGORY FOUR – EXPERIENCE AND JOB RESPONSIBILITY

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

Total Points for Experience and Job Responsibility \_\_\_\_\_

## CATEGORY FIVE - PRESENTATIONS/PUBLICATIONS

Activity	Title	Date	Location	HIMSS Points	Non- HIMSS Points
1.					
2.					
3.					
4.					
5.					
6.					

7.					
8.					
9.					

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

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

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

Total Points for Professional Participation \_\_\_\_\_

## CATEGORY SEVEN - PROFESSIONAL DEVELOPMENT

Activity	Title	Date	Location	HIMSS Points
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Total Points for Professional Development \_\_\_\_\_

## CATEGORY EIGHT – AWARDS/HONORS

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

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