

# HIMSS Approved Education Partner



## Submitting Your HIMSS Approved Education Partner Application

Please submit your completed HIMSS Approved Education Partner (AEP) application to Mara Daiker ([mdaiker@himss.org](mailto:mdaiker@himss.org)) with a copy to Jan Lugibihl ([jlugibihl@himss.org](mailto:jlugibihl@himss.org)).

## Submitting Your Application Fee

At application signing, only the one-time, non-refundable application fee is due. Once the application is reviewed, your organization will be notified of our decision. If approved, HIMSS will forward a contract for your review and acceptance.

Please return the signed copy of your Approved Education Partner (AEP) application with this form and payment to HIMSS and retain a copy for your records.

METHOD OF PAYMENT (*Note: Purchase orders are not an accepted form of payment.*)

HIMSS Federal Tax ID# is 36-3906745 for the items identified below:

I have included a check in the amount of \$250 for the one-time, non-refundable application fee. Please make checks payable to HIMSS/Professional Development, 6923 Eagle Way, Chicago, IL 60678-1692.

I hereby authorize HIMSS to charge the credit card listed below for the \$250 one-time, non-refundable application. Applications with credit card payments may be faxed to 312-915-9209, Attn: Finance.

*Please charge my credit card:*

Visa      MasterCard      American Express      Discover

---

Please print the name that appears on the card

---

Card Number

---

Expiration Date

---

Authorized Card Holder Signature

Questions? Contact Mara Daiker at [mdaiker@himss.org](mailto:mdaiker@himss.org) or 312-915-9289.



## Application and Agreement Section 1

### Section 1: AEP Fees, Responsibilities and Terms

1.1 AEP Applicant Business Name

Today's Date (Day Month Year)

\_\_\_\_\_

\_\_\_\_\_

1.2 Physical Address of Organization

Street

\_\_\_\_\_

City

State/Province

Zip/Postal Code

Country

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number

Fax

\_\_\_\_\_

\_\_\_\_\_

1.3 Type of Organization

For-Profit

Not-for-Profit

Organizational or Academic Affiliate

1.4 Executive Point of Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

1.5 Administrative Point of Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

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

Website \_\_\_\_\_

LinkedIn \_\_\_\_\_

Facebook \_\_\_\_\_

Twitter \_\_\_\_\_

Other (please list) \_\_\_\_\_

1.7 Description of Organization

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

**1.8 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** \_\_\_\_\_

**Section 2: AEP Fees**

**Enrollment Level Fee (Please check only one of the boxes below)**

**For-Profit Provider**

**\$795 Annual Fee**

**Non-Profit Provider**

**\$695 Annual Fee**

**HIMSS Academic Organizational Affiliate**

**\$595 Annual Fee**

**Section 3: Required Submission for Quality Review of Organization Approach to Education**

(Please note: When providing attachments, please reference the sub-section number, i.e. 3.1, 3.2, etc.)

- 3.1 Provide evidence of having been in business for a minimum of one 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.
- 3.2 Provide evidence of having provided health IT training or healthcare for minimum of one calendar year preceding date of application. (Possible documentation includes: signed class list; customer letter; customer completed evaluation form; invoice, etc.)
- 3.3 Articulate how the organization's mission statement and/or strategic objectives reflect a commitment to health IT education.
- 3.4 Provide a sample Welcome Letter to the attendee.
- 3.5 Provide a sample Certificate of Completion.
- 3.6 Identify types of continuing education units that have been offered for this educational program. (CME, CNE, ACHE, CPHIMS, CAHIMS, AHIMA, CPE, PDU, CHCIO, other)  
\_\_\_\_\_
- 3.7 Describe how a learner would register for this class.  
\_\_\_\_\_

- 3.8 Provide sample marketing materials for this class demonstrating compliance with HIMSS guidelines (if applicable). Marketing materials include websites, advertising, brochures, flyers, etc. Marketing materials need to be clear, accurate, timely and made available to learners before the activity.
- 3.9 Describe how inquiries are handled for the organization's educational offerings.

**Section 4: Required Submission of Classroom Courses  
Offered Independently or Co-Located at a Conference**

(When providing attachments to satisfy a sub-section request, please include the reference number.)

**4.1 Submit one course for review by attaching the following:**

4.1.1 Course Title

---

4.1.2 Course Summary Description (in 250 words or less)

4.1.3 Course Learning Objectives

Submit clear, specific, concise and measurable learning objectives for the course 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.

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

4.1.5 Provide the resume or biography of primary individuals involved in course 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.

4.1.6 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.

4.1.7 Describe the resources used to develop the content, i.e. books, journals, websites or other content.

- 4.1.8 Please provide a complete set of course materials that include the following: Outline/Event Design; Syllabus; Student Guide; Instructor's Guide; PowerPoint slides; Other.

All course 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 any handouts, class exercises, group activities, learning projects or other learning aids and their expected answers or results.

- 4.1.9 Provide an overview of the room layout and arrangements.
- 4.1.10 Identify equipment used and other resources.
- 4.1.11 Provide the resume or biography of a CPHIMS or CAHIMS credential holder or other recognized credential other than those who have designed the course content, who has reviewed the course content.
- 4.1.12 Identify the process of identifying, selecting and evaluating instructors.
- 4.1.13 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 materials.
- 4.1.14 Provide a resume/biography of each instructor used for this course. Expertise may be demonstrated by such qualifications as formal education, experience or other recognized credentials appropriate to the subject matter.
- 4.1.15 Provide a sample course evaluation form. A course evaluation form 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 was effective and d) the instructor gave timely and specific feedback to students on their mastery of the learning objectives.
- 4.1.16 Provide learner evaluation responses from a past course for this same course.
- 4.1.17 Identify the process used to update or enhance content based on feedback, changes to the industry or other.
- 4.1.18 Describe the process used to continuously improve the quality of courses. Describe how evaluations are used to improve offerings. Provide specific examples if possible.

**Section 5: Acknowledgement of Marketing and Communications Requirement**

(Please check both items below to indicate agreement.)

If authorized as an AEP, I agree to display to 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 registered 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 6: CPHIMS/CAHIMS Review Sign-off for Activity**

AEP applicants must identify a CPHIMS or CAHIMS credential holder who is in good standing, to review and sign-off. If you cannot identify one, please contact HIMSS and request a CPHIMS or CAHIMS to review and sign off on your activity course description form(s). Please ensure that your CPHIMS or CAHIMS knows you are requesting his/her review so that you can provide HIMSS with their updated and accurate contact information, including e-mail address.

Prefix                      First Name (of the Reviewer)                      Last Name (of the Reviewer)                      Suffix  
\_\_\_\_\_

CPHIMS or CAHIMS certification number (of the Reviewer)  
\_\_\_\_\_

Street Address (of the Reviewer)  
\_\_\_\_\_

City                                      State/Providence                      Zip/Postal Code                      Country  
\_\_\_\_\_

Phone Number (of the Reviewer)                      E-mail Address (of the Reviewer)  
\_\_\_\_\_

Title of the activity to be reviewed (by the Reviewer)  
\_\_\_\_\_

**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 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 CPHIMS Content Outline as well as other generally accepted Health IT and healthcare concepts being used.

Content substantially aligns with the 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 CPHIMS Content Outline as well as other generally accepted Health IT concepts and clearly identifies this.

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

Content incorrectly represents the HIMSS 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 CPHIMS or CAHIMS 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: dd/mm/yyyy

\_\_\_\_\_  
(Electronic signature acceptable)

\_\_\_\_\_

**Section 7: AEP Renewal**

For additional health IT and healthcare content that is developed after the AEP designation has been received HIMSS will require the AEP to conduct a self-study report that will be used to determine renewal of the AEP status. This form will be provided one year prior to the expiration of the AEP.