



CONTINUING EDUCATION APPROVAL PROGRAM AND APPLICATION

The HIMSS professional certification program offers you an opportunity to enhance your organization's image through the HIMSS Continuing Education Approval Program.

Certified professionals must participate in and document ongoing professional education to maintain their credentials. By involving your educational programs with HIMSS continuing education, you offer attendees the opportunity to achieve their re-certification goals. And, you align your organization with professional credentials that set healthcare industry standards.

Continuing Education Approval Process


The process is simple. Complete and submit the HIMSS Continuing Education Application form and fee to HIMSS at least 60 days before your educational session. Once the application is received, it undergoes a qualitative review to ensure that it meets HIMSS continuing education criteria.

Applications are accepted from organizations that offer healthcare IT education. This could include HIMSS chapters, hospitals, ambulatory settings, clinics and other national and local healthcare providers, as well as healthcare industry suppliers and others. For more information, contact HIMSS by e-mail at certification@himss.org, or by phone at (312) 915-9216.

Eligible Programs

Programs that include topics covered in HIMSS certification program content outline are eligible for HIMSS continuing education contact hours. Content outline information is available on the HIMSS web site at www.himss.org. Presenters must have knowledge and experience in the subject area(s) covered.

A program may be granted partial approval if it includes some sessions that meet certification program criteria. Sponsors will receive a letter specifying which sessions. Sponsors are required to disclose this information – as well as the number of contact hours awarded – in their promotional materials and in any documentation they may provide to their attendees.



Set Yourself Apart

Guidelines for vendor presentations

Having an interest in a commercial organization or product does not prevent a speaker from making a presentation; however, the audience must be informed of this relationship prior to the start of the activity. For this purpose, a real or apparent conflict of interest is defined as:

- Having a significant financial interest in a product to be discussed directly or indirectly during the presentation
- Being or having been an employee of a company with such financial interest
- Having had substantial research support by an industry to study the product to be discussed at the presentation

Application Process

Organizations interested in receiving HIMSS approval of educational programs must complete and sign the HIMSS Continuing Education Application and submit program documentation. Program documentation must include a schedule or agenda indicating the session topics, length of sessions, speaker bio(s) and learning objectives. This information may be a draft of what you intend to publish.

Applications should be submitted at least two months prior to the program date to allow adequate time for processing. This will also allow the sponsoring organization to use the HIMSS certification logo and approved contact hours in promotional activities. Applications submitted less than two months prior to the program date will be required to pay an additional fee for an expedited review.

Determining Contact Hours

Each 50-minute session will qualify for one contact hour. Only educational portions of the program qualify. To calculate the number of contact hours an individual may earn by attending your program, simply add the total number of qualified minutes and divide by 50. The calculation will also determine the fee your organization must submit with the application form.

Fees

Program sponsors will be assessed an administrative review and logo usage fee of \$100 per contact hour if submitted at least two months prior to the program date. The fee is \$150 per contact hour if submitted less than two months prior to the program date. *This fee is waived for HIMSS chapters.* The fee must be submitted with the application. If a program does not receive approval, a \$25 processing fee will be retained and the balance returned to the sponsor.



Prepare to Expand Your Career Opportunities

Notification of Approval

After a program is approved, a confirmation letter of approval and attendee tracking form will be sent. The confirmation letter will include the number of contact hours to be awarded, language for indicating the approval in promotional materials and authorized use of the HIMSS certification logo in promotions.

HIMSS Certification Logo Limited License Agreement

The license is effective from date of approval for only the course(s) approved. The license is not transferable to any other program not reviewed by HIMSS. Therefore, the Sponsor agrees to the following terms and conditions of this limited license:

1. All policies and guidelines will be followed as outlined in this application.
2. HIMSS certification logo remains the property of HIMSS at all times.
3. The Sponsor is not authorized to use the logo for any programs or services other than those named on the HIMSS Continuing Education Application.
4. The Sponsor agrees to include the approved language immediately following the HIMSS certification logo, with no intervening text between the logo and the approved language.
5. The logo may be displayed utilizing HIMSS official logo colors (PMS 286 and black, PMS 286 only, black only, or white reverse). The logo must be used as a single unit in its entirety.
6. The Sponsor agrees that the logo will not be positioned so as to imply an endorsement by HIMSS for the Sponsor's program(s).

Non-Compliance Policy

The Limited License Agreement specifically governs use of the HIMSS certification logo and approved language. Organizations using unapproved HIMSS logos or language will not receive continuing education approval. Variations in logo usage or language are not permitted. In situations in which the logo and language have been used without approval, the sponsor must issue a notice to program attendees stating the inappropriate use of the logo and language. The sponsoring organization will be invoiced for the inappropriate use of the HIMSS certification logo and/or language, based on a fee of \$200 per contact hour.

Documentation of Attendance

Certificates of attendance or the attendee tracking sheet provided by HIMSS, are required for individual documentation of renewal through continuing professional education. Written documentation of attendance should be provided to attendees by the sponsoring organization. Documentation of attendance should include at minimum the name of the sponsoring organization, program date(s), program title, number of HIMSS contact hours earned and name of attendee.

Demonstrate
Your Expertise
and Commitment

HIMSS CONTINUING EDUCATION APPLICATION

Forward completed application fee and program documentation to:
HIMSS, Lockbox 6923, Dept 77-6923 Chicago, IL 60678-6923; or fax your application to 312/915-9209.

Sponsoring Organization: _____

Program Web Site: _____

Contact Person: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Program Title: _____

Program Date(s): _____

Program Location: _____

In addition to this completed and signed form, please submit program documentation which clearly indicates the:

- | | | |
|--|--|---|
| <input type="checkbox"/> Program schedule/agenda | <input type="checkbox"/> Session topics | <input type="checkbox"/> Length of sessions |
| <input type="checkbox"/> Speaker bio(s) | <input type="checkbox"/> Learning objectives | |

To calculate the Administrative Review and Logo Usage Fee, add the total number of qualified minutes _____ divide by 50 = _____ and multiply by \$100 = \$_____

(Multiply this number by \$150 if submitted less than two (2) months prior to program date)

Fee Included \$_____ (*This fee is waived for HIMSS Chapters.)

I agree to abide by the regulations of the HIMSS Continuing Education Approval Program and will ensure compliance with all policies related to HIMSS Continuing Education Approval. I understand that failure to comply with these policies may result in suspension of the Sponsor's approved status. I understand that should the program not qualify for HIMSS Continuing Education, a fee of \$25 will be assessed.

Accepted this _____ day of _____, 20_____

Signature: _____