Program Director Change Form | For CAHIIM Accredited Programs Only

INSTRUCTIONS:

Please complete all fields on the form and upload it during your submission for a Program Director change.

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

Program Level

- ◯ Associate Degree
- ◯ Baccalaureate Degree
- ◯ Masters Degree
- ◯ Doctoral Degree
- ◯ Graduate Certificate
- ◯ Undergraduate Certificate

Program Discipline

- ◯ Cancer Registry
- ◯ Digital Health
- ◯ Health Informatics
- ◯ Health Information Management
- ◯ Health Science
- ◯ Physician Practice Management
- ◯ Provider Credentialing Specialist
- ◯ Rural Health Administration Support

Program Director Information

First Name _____Last Name _____

List all Credentials _____

Institution Name _____

Program Mailing Address

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip Code _____

Phone _____Cell Phone (if applicable) _____

Email _____

CAHIIM Educational Program Code (EPC) _____

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 Program Director _____

Is this position considered full-time within the institution?

- ◯ Yes
- ◯ No

If no, explain below:

Does this person have all the rights, privileges and responsibilities of a full-time faculty member and Program Director as described in the CAHIIM Standards?

- ◯ Yes
- ◯ No

If no, explain:

Describe release time for the program director to devote to all duties and responsibilities (such as percent release time; teaching workload per term):

Program Director Information

Education

Institution	Degree Awarded	Date Completed (mm/yyyy)

Teaching Experience

Institution	Faculty Rank	Courses Taught (course prefixes, course names)	Dates (mm/yyyy)

Professional Practice Employment

Employer	Position Title	Dates (mm/yyyy)

Professional Development

List activities for the previous and current calendar year that contribute to knowledge and expertise to keep current in courses assigned.

Provider	Activity	Dates (mm/yyyy)

Name of Completer _____

(must be direct supervisor of Program Director)

Job Title of Completer _____

Signature _____

Date _____