

Health Informatics

Contact Information

Name/Credentials

Employer

Mailing Address

City, State, Zip Code

Phone

Email

Teaching Experience

Position	Institution	# of Years
Department Chair	<input type="text"/>	<input type="text"/>
Program Director	<input type="text"/>	<input type="text"/>
Full-Time Faculty	<input type="text"/>	<input type="text"/>
Part-Time/ Adjunct Faculty	<input type="text"/>	<input type="text"/>
Clinical Faculty	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Highest Degree

Doctorate Masters Area of Study

Current Conflicts/Dualities

For example, higher education consultant.

Accreditation Experience

If an accreditation organization other than CAHIIM, provide the acronym/name.

Site visitor for

Dates

Volunteer service on an accreditation organization board or committee

Dates

Prepared self-study for accreditation by:

Dates

Contributed to a self-study process (institutional and/or programmatic)

Dates

Employed by an accreditation organization

Dates

Professional Leadership Experience

National or International Activities (please include years)

Purpose Statement

Why do you wish to become an Accreditation Peer Reviewer?
How might you contribute to the accreditation process?

An application will be considered complete only when all of this information been received by the CAHIIM office.