



CERTIFIED PROFESSIONAL IN HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS (CPHIMS) EXAMINATION APPLICATION

This form is to be used for exams given at established AMP Assessment Centers only

To apply for the CPHIMS examination, complete this application and return it with the examination fee to:
Applied Measurement Professionals, Inc. • CPHIMS Examination • 18000 W. 105th Street • Olathe, KS 66061-7543
Fax: +1 913/895-4650

PERSONAL INFORMATION

HIMSS Member Number _____

I am not a member of HIMSS (a unique identification number will be assigned)

Name (Last or Family Name, First, Middle Initial, Former Name) (Please enter names as you wish them to appear on your certificate) _____

Name of Company (if work address) _____ Title _____

Mailing Address (Street Address, City, State/Province, Zip/Postal Code, Country) _____

Daytime Telephone Number with country code if outside of North America _____ E-mail Address _____

EXAMINATION TYPE

I am applying for a computer administration at an AMP Assessment Center.

ELIGIBILITY FOR EXAMINATION

To be eligible for the Certified Professional in Healthcare Information and Management Systems (CPHIMS) examination, candidates must fulfill one of the following requirements for education and work experience. Please check the box for the eligibility requirements you are applying under.

Baccalaureate degree plus five years of associated information and management systems experience*, three of those years in healthcare.

Graduate degree plus three years of associated information and management systems experience*, two of those years in healthcare.

*Associated information and management systems experience includes experience in the following functional areas: administration/management, clinical information systems, e-health, information systems, or management engineering.

APPLICATION STATUS

- I am applying as a new candidate.
- I am applying as a reapplicant.
- I am applying for renewal of certification.

MEMBERSHIP STATUS AND EXAMINATION FEE

Membership Status

To be eligible for the reduced CPHIMS examination fee, a candidate must be a current member of HIMSS.

For information on joining HIMSS, visit the HIMSS website at www.himss.org. Membership must be obtained before application for examination at the reduced fee can be honored. If you have applied for membership, but have not yet received your membership number, enter NEW in the space provided for membership number.

Enter your membership no: _____

Examination Fee

Payment may be made by credit card, company check, cashier's check or money order made payable to AMP.

- HIMSS Member \$300 (U.S. dollars)
- Non-member: \$375 (U.S. dollars)

If payment is made by credit card, complete the following:

- VISA MasterCard American Express
- Discover

Credit Card Number

Expiration Date

Your Name as it Appears on the Card

Signature

SPECIAL ACCOMMODATIONS

Do you require special disability related accommodations during testing? No Yes

If yes, please complete the *Request for Special Examination Accommodations* form included with this handbook and submit it with an application and fee at least 45 days prior to the desired testing date. Specific information about special accommodations is provided in the handbook.

DEMOGRAPHIC INFORMATION

The following demographic information is requested.

1. How many years of experience do you have in information and management systems?
 - 1 3-5 years
 - 2 6-10 years
 - 3 11-15 years
 - 4 16-20 years
 - 5 More than 20
2. How many years have you worked in healthcare information and management systems?
 - 1 2-5 years
 - 2 6-10 years
 - 3 11-15 years
 - 4 16-20 years
 - 5 More than 20
3. What type of facility most accurately describes your primary information and management systems activities?
 - 1 Hospital
 - 2 Health Care System (corp. office)
 - 3 Clinical Group Practice
 - 4 Other Provider
 - 5 Payer
 - 6 Vendor Organization
 - 7 Health Care Consulting Firm
 - 8 Academic
 - 9 Law/Investment Firm
 - 10 Government
4. What is your level of responsibility?
 - 1 CEO
 - 2 CFO
 - 3 CIO
 - 4 COO
 - 5 Director/Department Head
 - 6 Other Senior Management
 - 7 Senior Staff/Manager
 - 8 Staff
 - 9 Student
 - 10 Consultant
5. What is your principal work focus?
 - 1 Administrative/Management
 - 2 Clinical Systems and/or Applications
 - 3 IT Infrastructure, Systems Implementation and Management
 - 4 Management Engineering
 - 5 Security/Privacy
 - 6 Telehealth/e-health

SIGNATURE

I certify that I agree to abide by regulations of the CPHIMS program contained in this handbook. I believe that I comply with all admission policies for the CPHIMS examination. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided.

Name (Please Print): _____

Signature: _____ Date: _____