



Attn: Prior Approval
AHIMA
Dept. 77-2735
Chicago, IL 60678-2735

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION PROGRAM

Instructions: All portions of this form must be completed for the application to be processed. **Incomplete applications will be returned.**

I. PROGRAM INFORMATION

- Category:**
- | | |
|---|------------------------------------|
| Nonprofit: | For-profit: |
| <input type="checkbox"/> Educational facility | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Association/society/hospital | <input type="checkbox"/> Private |

Organization Name		Organization AHIMA ID# ¹	
Contact Person Name		Contact person AHIMA ID#	
Address	City	State	Zip Code
Phone	Fax		
E-mail			

- The annual fee was:**
- Paid with this application (your program will be valid for 365 days).
 - Previously paid. When? _____

II. PROGRAM OVERVIEW

Program Title: _____ Program Length (in hours and/or minutes): _____

AHIMA Core Educational Content Area(s):

- | | | |
|---|--|---|
| <input type="checkbox"/> Clinical Data Management | <input type="checkbox"/> Technology | <input type="checkbox"/> Management Development |
| <input type="checkbox"/> External Forces | <input type="checkbox"/> Performance Improvement | |
| <input type="checkbox"/> Privacy and Security | <input type="checkbox"/> Clinical Foundations | |

Total number of continuing education units (CEUs) requested: _____

Teaching Methodology (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Face-to-face seminar or workshop | <input type="checkbox"/> Face-to-face lecture or facilitated discussion |
| <input type="checkbox"/> Audio seminar | <input type="checkbox"/> Independent study or self-assessment |
| <input type="checkbox"/> Synchronous web-based instruction | <input type="checkbox"/> Asynchronous web-based instruction |

Program Dates of Access and Locations (attach additional sheet if more space is needed):

Start Date	End Date	City	State	Zip Code
Start Date	End Date	City	State	Zip Code
Start Date	End Date	City	State	Zip Code

Speaker/Faculty/Developer of Activity: Include credentials as they relate to expertise on the topic to be presented, and submit a CV or resume. Please note, coding programs require an AHIMA-credentialed speaker, faculty participant, or developer. Summarize and add attachments.

Content—What topics will be covered? Summarize and add attachments.

1. If AHIMA ID is needed, e-mail priorapproval@ahima.org

Learner Objectives—What knowledge or skills should the participant have after the lecture or activity (summarize and add attachments)?

Evaluation Methods—How will the program be evaluated to determine if it was successful in achieving its objectives? Please include a sample evaluation form.

May participants receive partial credit for partial attendance? Yes No

If yes, please explain how the units will be awarded and how partial attendance will be determined:

Estimated Number of Participants: _____ Participant Fees or Tuition: \$ _____

Target Audience (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Health information practitioners | <input type="checkbox"/> Coders and billers |
| <input type="checkbox"/> Managers/supervisors | <input type="checkbox"/> Educators |
| <input type="checkbox"/> Compliance officers | <input type="checkbox"/> Privacy officers |
| <input type="checkbox"/> Cancer registrants | <input type="checkbox"/> Physicians |
| <input type="checkbox"/> Nurses | <input type="checkbox"/> Other, please specify |

Additional Documents Required: Please make sure the following documents have been included (if applicable):

- Marketing materials (required for all programs)
- Program agenda (required for all programs)
- Evaluation (required for all programs)
- Temporary access for online programs (Internet only)
- Outcome assessment (Internet, independent and home study programs only)
- Self-assessment activity (programs in the form of a self-assessment activity must be submitted in their entirety).
For a definition of what qualifies as a self-assessment, please consult your Prior Approval Guide.
- Certificate (optional)

III. APPLICATION FEES: Please enter the appropriate annual fee and CEU fees as follows (refer to Sections 9 and 10):

	No. of CEUs	Amount
Annual fees:		
For-Profit (\$500)		
NonProfit (\$250)		
CEU Fees:		
For-profit (\$250 for 1–5 CEUs, an additional \$50 per CEU over 5)		
Nonprofit (\$125 for 1–5 CEUs, an additional \$25 per CEU over 5)		
Expediting Fee: (\$75 for each program)		
Total		

Credit Card:

Check # _____ Check Amount \$ _____ Check Date: _____

Credit Card:

- Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: ____/____ CVV: _____

Please enter the billing address and zip code of the credit card used for this transaction.

Credit Card Holder's Name: _____

Credit Card Holder's Address: _____

Signature: _____

Contract for Prior Approval

As the representative of the sponsoring organization, I have reviewed AHIMA's requirements for prior approval of a continuing education program and agree to abide by them.

Specifically, I agree that:

- I will submit a copy of the marketing brochure for this program within 14 days of receiving approval.
- The required statement signifying prior approval of this program will appear on all marketing materials and on any other materials where AHIMA's approval is cited.
- If this program is repeated after approval has expired, a new application will be submitted and prior approval by AHIMA will not be advertised until the approval is received.
- AHIMA or its name will not be used in any manner in conjunction with this program or its sponsoring organization except as allowed by AHIMA's requirements for prior approval.

I understand that failure to follow all requirements for prior approval may result in immediate revocation of the prior approval and may prohibit prior approval of any future program by the program sponsor.

Name: _____ Signature: _____
Title: _____ Date: _____

***Addendum to Application for Prior Approval**
AHIMA Prior Approval Program Logo Terms of Use Agreement

About AHIMA's Prior Approval Program

The purpose of the American Health Information Management Association's (AHIMA's) Prior Approval Program is to grant prior approval for AHIMA continuing education credits (CEUs) to those courses offered by health information management (HIM) continuing education providers that meet AHIMA's standards for CEU credit. Designation of a provider's continuing educational courses as having the prior approval by AHIMA for CEU credit indicates that the provider's courses meet AHIMA's guidelines set forth in AHIMA's Prior Approval Guide, which is accessible on the ahima.org website and the terms of which are incorporated by reference herein. AHIMA reserves the right to amend or modify the Prior Approval Guide in its sole discretion from time to time as AHIMA deems necessary and appropriate. A healthcare education course provider ("Provider") who applies for approval of its healthcare education courses under the AHIMA Prior Approval Program must, as a condition of such application, agree to the terms and conditions set forth in this Terms of Use Agreement ("Agreement").

Grant of License

In consideration for AHIMA's consideration of Provider's application for participation in AHIMA's Prior Approval Program, and if AHIMA approves Provider's application, AHIMA grants to Provider a nonexclusive, nontransferable and limited right to display AHIMA's Prior Approval Program Logo (the "Logo"), a copy of which is attached hereto as Schedule A, in conjunction with the marketing and promotion of Provider's continuing education programs identified in Provider's Prior Approval Program Application and AHIMA's letter to Provider granting prior approval to such programs. Any changes to Provider's continuing education programs that have been approved by AHIMA for CEU credit must be submitted for further approval by AHIMA as a condition of continued entitlement to the use of the Logo in the marketing and promotion of such programs. This Agreement granting Provider a license to display the Logo shall not alter or replace any provisions of AHIMA's Prior Approval Guide, or modify any terms set forth in AHIMA's letter to Provider granting Provider's Prior Approval Program application. In the event of conflict between the terms of this Agreement and provisions of the AHIMA Prior Approval Guide, or AHIMA's letter granting Provider's Prior Approval application, the terms of the AHIMA Prior Approval Guide, or AHIMA's letter granting Provider's Prior Approval Program application shall prevail. This grant of license to display the Logo is conditioned upon Provider's continued compliance with this Agreement, the AHIMA Prior Approval Guide as may be modified by AHIMA from time to time, and any conditions stated in AHIMA's letter granting Provider's Prior Approval Program application. AHIMA grants this license to Provider to display the Logo only for such courses that are specifically identified on Provider's application for prior approval, and not for display in the course of marketing or promoting any other courses, products, or services offered by Provider.

Term of Agreement

The term of this Agreement shall commence on the Effective Date of AHIMA's letter to Provider granting Provider's Prior Approval Program application, and shall continue until terminated by either party as provided herein. Either Party may choose to terminate this Agreement at any time immediately upon written notice to the other Party. Upon termination of this Agreement, Provider shall delete any display of the Logo on Provider's website, and shall discontinue the dissemination of any other marketing or promotional material displaying the Logo.

AGREED:

(Name of Provider)

By: _____
(Signature)

Print Name: _____

Title: _____

Date: _____

Disclaimer and Waiver of Liability

AHIMA does not make any representation or warranty regarding the market value of the Logo in encouraging persons to enroll in Provider's courses that have received AHIMA Prior Approval. The display of the Logo does not suggest or imply any endorsement by AHIMA of the content of Provider's courses or that persons who successfully complete such courses will secure any tangible benefits. Provider shall include a notice on any marketing or promotional material that displays the Logo, including on Provider's website, that states AHIMA's grant of prior approval to Provider's course does not constitute AHIMA's endorsement of the content of the course, or of the Provider as the sponsor of the course. Provider waives any claims against AHIMA, its officers, directors, employees or agents based upon Provider's display of the Logo pursuant to this Agreement.

Indemnity

Provider shall defend indemnity and hold AHIMA, and its officers, directors, employees and agents harmless from any claims brought by third parties, including persons who have applied for, enrolled in, or completed Provider's courses that are based upon Provider's display of the Logo pursuant to this Agreement. In the event a claim is asserted against AHIMA that gives rise to Provider's duty under this Paragraph, AHIMA shall provide Provider with prompt written notice of such claim, and shall cooperate with Provider on reasonable terms and conditions in the defense or settlement of any claim. Provider shall have the right and obligation, at Provider's expense, to appoint legal counsel to defend AHIMA in the event of a claim, provided that AHIMA shall have the right at its expense to engage independent legal counsel to advise AHIMA on the defense or settlement of any claim.

AHIMA Trademark Rights

Provider acknowledges that AHIMA owns, or claims ownership of all right, title, and interest in and to its name, the "American Health Information Management Association," the acronym "AHIMA," and the Logo, including any intellectual property rights associated therewith. Provider shall not take any action contrary to or inconsistent with AHIMA's ownership claims in its name, acronym, or Logo, nor cooperate with others in doing so. This Agreement does not confer any right upon Provider to use AHIMA's name, "American Health Information Management Association," or the AHIMA acronym. Provider's use of such terms shall be governed by a separate agreement entered into by AHIMA and Provider for that purpose.

Liquidated Damages

In the event that Provider breaches this Agreement by displaying the Logo in a manner not permitted by this Agreement, or without the required disclaimer notice set forth above, Provider acknowledges that the damage to AHIMA is difficult, if not impossible to quantify with specificity. Therefore, Provider agrees that in the event of Provider's breach of this Agreement, Provider shall be obligated to cure such breach with fifteen (15) days of AHIMA's written notice to Provider of such a breach, and Provider shall be obligated to pay AHIMA as liquidated damages, and not as penalty, the amount of \$2,000 per breach committed by Provider.

AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

By: _____
(AHIMA Certification Department)

Date: _____