



ABN
54 008 451 910

RTO Code
91660

Health Information Management Association of Australia Limited
APPLICATION FOR FELLOWSHIP OF HIMAA

PERSONAL DETAILS

Title: Mr / Mrs / Ms / Miss / Other (please specify) _____ Membership Number _____

First Name: _____

Middle Name: _____

Surname: _____

Please list any changes in your preferred contact details below. If none, please enter N/A

Primary Email: _____

Secondary Email: _____

Home Phone: _____ Home Fax: _____

Work Phone: _____ Work Fax: _____

Mobile: _____

HOME / WORK address

Suburb: _____ State: _____ Postcode: _____

Country (if not Australia): _____

FELLOWSHIP CRITERIA

Fellowship of HIMAA is awarded to a Full Member of HIMAA with at least 7 years of continuous financial membership with the Association who has made a significant contribution to the health information management profession as recognised by the Board. Other criteria for Fellowship are detailed in the application form below.

A Fellow is entitled to bear the postnominal FHIMAA in their professional signature.

Full Members can apply for Fellow Membership at any time. If successful, their financial membership continues under the new class of membership.

Please provide the following in support of your application for Fellowship status with HIMAA.

<input type="checkbox"/>	<p>Your Qualifications – Please cite any qualifications you have achieved relevant to your work in health information management, including the qualification you submitted for your original Full Member application.</p> <p>Qual 1: _____</p> <p>Qual 2: _____</p> <p>Qual 3: _____</p> <p>Add as necessary</p> <p>Please provide certified copies of your original qualification certificates.</p>
<input type="checkbox"/>	<p>Curriculum Vitae and References – Please append to this application a current Curriculum Vitae and references or testimonials from peers in support of your application for Fellow Status. There is minimum requirement of three (3) referees. Please name these below.</p> <p>Referee 1: _____</p> <p>Referee 2: _____</p> <p>Referee 3: _____</p>
<input type="checkbox"/>	<p>HIMAA Service History – Please detail below the list of offices and memberships in which you have provided service to HIMAA on committees, sub-committees, working groups, special interest groups, as an external representatives, on projects, and in other HIMAA activities.</p> <p>Period, Activity and Role: _____</p> <p>Period, Activity and Role: _____</p> <p>Period, Activity and Role: _____</p> <p>Period, Activity and Role: _____</p> <p>Period, Activity and Role: _____</p> <p>Add as necessary</p>
<input type="checkbox"/>	<p>Contribution to the Profession – Please detail below other significant contributions you have made to the Health Information profession in addition to the service history noted above.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. Add as necessary</p>
<input type="checkbox"/>	<p>Presentations made and Articles published of Relevance to the Profession - Please list below, for presentations detailing dates, event, type and status of presentation, and location; articles detailing authorship and co-authors, date, title, publication inc. volume, number and page nos and, for books, location and publisher.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. Add as necessary</p>

Membership Services

Locked Bag 2045 North Ryde NSW 1670 Australia

P: +61 (02) 9887 5002

F: +61 (02) 9887 5895

E: membership@himaa.org.au

W: www.himaa2.org.au

	<p>Level of Knowledge and Expertise – Please outline below your major strengths in knowledge and expertise based on HIMAA’s Intermediate & Advanced HIM Competency Standards. Use the Listing of Domains of Learning below as a guide.</p> <p>A. Generic Professional Skills _____ _____ _____</p> <p>B. Health Information and Records Management _____ _____ _____</p> <p>C. Language of Medicine _____ _____ _____</p> <p>D. Health Terminologies and Classification _____ _____ _____</p> <p><input type="checkbox"/> E. Research Methods _____ _____ _____</p> <p>F. Health Services Organisation and Delivery _____ _____ _____</p> <p>G. Health Information Law and Ethics _____ _____ _____</p> <p>H. eHealth _____ _____ _____</p> <p>I. Health Information Services Organisation and Management _____ _____ _____</p> <p>Add rows as necessary</p>
<p>Other criteria against which your application will be assessed are:</p> <ul style="list-style-type: none"> • Full Membership of HIMAA • Seven (7) years of continuous financial membership • Use of the postnominal CHIM in your professional signature and continuity of participation in HIMAA’s Professional Credentialing Scheme 	

ASSESSMENT

Your application will be assessed by the full HIMAA Board on its merits, against the above criteria. Please allow 6 to 8 weeks for processing. The HIMAA Board meets only monthly.

AGREEMENT

Signature: _____ Date: _____

HIMAA OFFICE USE ONLY

Application received date: _____ Membership status: _____

Membership category: _____ Membership fee: _____

Membership Number: _____ Website Username: _____

Invoiced on: _____ Invoice Number: _____ Amount: _____