



Association for Healthcare Documentation Integrity

Preliminary Program Assessment (PPA) Application/Declaration & Release Form

ASSOCIATION FOR HEALTHCARE DOCUMENTATION INTEGRITY (AHDI)
3430 Tully Road, Suite 20#112, MODESTO, CALIFORNIA 95356
PHONE: 800-982-2182 • FAX: 209-527-9633
EMAIL: edapproval@ahdionline.org • WEB: www.ahdionline.org

Date of Submission			
Date			
Program/School Information			
Program/School Name (print or type)			
Address			
City	State	Postal Code	Country
()	()		
Telephone	Fax	Email	
Website			

Program/School Representative			
First Name	MI	Last Name	
Title			
Address			
City	State	Postal Code	Country
()	()		
Work Phone	Fax	Email	

Person Completing PPA			
First Name	MI	Last Name	
Title			
()	()		
Work Phone	Fax	Email	

Note: Payment due at the time of application. The PPA, payment of the \$100 fee, and Declaration and Release must be submitted before application will be reviewed.

Preliminary Program Assessment Fee: \$100

Method of Payment:

- Check or money order made payable to "AHDI" (US dollars)
- Visa Master Card American Express Discover

Credit Card # _____ Exp. date _____

Cardholder name (please print) _____

Authorized Signature _____

ASSOCIATION FOR HEALTHCARE DOCUMENTATION INTEGRITY
MEDICAL SCRIBE EDUCATION PROGRAM APPROVAL
DECLARATION AND RELEASE

By submitting the AHDI/ACCP Education Program Approval Preliminary Program Assessment (the "PPA"), offered by the Association for Healthcare Documentation Integrity ("AHDI"), the Program applying for Approved Program Status (the "Applicant") hereby agrees that the Applicant submits this PPA in accordance with and subject to the applicable standards, rules, and policies and procedures of the AHDI and the Approval Committee for Certificate Programs ("ACCP") promulgated in connection with the Education Approval Program (the "Approval Program"). The Applicant understands that AHDI and ACCP will use reasonable efforts to keep the information in its possession confidential. The Applicant understands that AHDI and ACCP, individually and collectively, reserve the right to verify any or all of the information associated with the PPA and/or the Self-Study Application (collectively, the "Applications"), and that providing false, misleading, inaccurate, or incomplete information or otherwise violating the rules governing the Approval Program may constitute grounds for the rejection of the Applications, withdrawal of approval, or other appropriate disciplinary action.

The Applicant understands that AHDI and ACCP reserve the right to modify or alter, at any time, the standards and any rules, or policies or procedures in connection with the Approval Program. The Applicant understands and agrees that AHDI owns all rights, title, and interest in and to all names, trademarks, logos, applications, and other material related to the Approval Program, and the Applicant agrees that it shall only use intellectual property of AHDI in connection with the Applicant's participation in the Approval Program and in accordance with AHDI's policies, and agrees to immediately cease using and return such intellectual property upon expiration, withdrawal, or termination of Approval Status. The Applicant understands and agrees that AHDI makes no claims, warranties, guarantees, or promises regarding the content or performance of any approved program; and Applicant agrees not to misrepresent its Approval Status and its meaning. The Applicant hereby attests to the accuracy and validity of, and assumes full responsibility for, the content of the Applications and all materials and information used by the Applicant in support of the Applications.

In consideration of the Applicant's application to and participation in the Approval Program, the Applicant hereby releases, discharges, and holds harmless, individually and collectively, AHDI, and its officers, directors, employees, committee members, members, subsidiaries, agents, successors, and assigns, from any and all liabilities that may arise, directly or indirectly, now or in the future, by reason of or in connection with any decision, action, or omission relating to the Applications, the failure to grant Approval Status, the withdrawal of Approval Status, or the Approval Program standards.

The Applicant hereby authorizes AHDI and/or ACCP to make inquiries to any identified persons or entities listed on the Applications so as to verify information on the Applications and authorizes any persons or entities contacted by AHDI and/or ACCP to respond to these inquiries and provide copies of any relevant and non-confidential information to AHDI and/or ACCP. Applicant further authorizes AHDI and/or ACCP to provide a copy of this Declaration and Release to those entities contacted in connection with the Applications should it be requested.

I have read the Applications, the Education Medical Scribe Program Approval Manual, and associated material and understand and agree to abide and be bound by the terms and conditions contained therein, and by all current and future policies, procedures, rules, and regulations of AHDI.

_____ **The Applicant understands, agrees to, and accepts the terms and conditions of this**
Please Initial **Declaration and Release.**

AHDI/ACCP Medical Scribe Education Program Approval Preliminary Program Assessment

Date: _____

Program/School Name: _____

For ACCP use only

Program Approval Standard	Assessment by Applicant School	AHDI Assessment
1. The curriculum must follow the AHDI Medical Scribe Model Curriculum, that is, all competencies and objectives must be met. Course titles do not need to be identical to those in the MC.		
2. The program must provide a minimum of 10 encounters (20 encounters preferred).		
3. Medical Scribe courses must be taught by a CMT/CHDS/CHDP-S, and the program must have a CMT/CHDS involved in curriculum development.		
4. The program must REQUIRE the use of the AHDI Book of Style & Standards for Clinical Documentation, 4th Edition.		
5. The school/program must be able to demonstrate financial viability through auditor statement or CPA review/financial report, or proof of financial bond with government Department of Education, and program budget for current year.		
6. The school/program must be accredited or licensed through a governmental body.		
7. The school/program must be able to document employment/ placement or enrollment/ completion statistics.		
8. The program must incorporate course instructors who provide traditional instruction and/or direct feedback to individual students, beyond the information and correction that can be gleaned by the student from textbooks and course materials through self-study. Examples: live or recorded lecture, on-site or virtual classroom		

<p>discussion, and/or directed feedback during practical portions of an educational program. “Autograding” and “autocompare” without regular instructor intervention will be considered insufficient.</p>		
<p>9. The school must have been in existence for a minimum of 18 months prior to applying for approval.</p> <p>Please provide documentation attached to this application that the school has been in operation a minimum of 18 months. Documents could include copies of dated catalogs, a dated license or proof of accreditation, etc.</p>		