# Appendix G: Annual Report for Approved Program

Annual report is reviewed the same quarter as the approved through date for each approved school. Report is due 4 weeks prior to quarterly ACCP meeting and is required in the 1st and 2nd year after approval or re-approval. The 3rd year requires a Self-Study application for re-approval.

#### Annual Report Form

**Required for Continued Approval of a Healthcare Documentation Education Program**

Title of Approved Program: Date:

Name of Institution:

Address:

Name of Program Director/Chair:

Credentials of the Program Director:

Phone: Email:

#### Verification

The enclosed reviewed information is, to the best of my knowledge, correct and meets the requirements for continued Approval by the Association for Healthcare Documentation Integrity.

AHDI Approve Program Name and Location

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title

Submit to: AHDI Education Program Approval

[edapproval@ahdionline.org](mailto:edapproval@ahdionline.org)

800-982-2182 x 2456

The AHDI ACCP thanks you for your time in this process. Please include all requested information and attach additional pages as needed. Please refer to the ***Education Program Approval Manual***, Policies of Approval, for review of [Annual Reports](#_Step_5_–).

#### Annual Report Form continued

#### Program Self-Analysis

Please answer the following questions regarding any changes in the healthcare documentation program *since approval or the last annual report as well as any changes expected this year*. Please check “yes” or “no.” For any items checked “Yes,” identify and briefly discuss the changes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Yes** | **No** | **Comment** |
| **1. Organizational Structure and Financial Viability** |  |  |  |
| 1. Have there been any changes in ownership, control, legal status, or financial status of program or institution?   If yes, please explain. |  |  |  |
| 1. Have there been any changes in accreditation, licensure, or sanctions by regional accrediting, state or other governmental agency?   If yes, please explain and provide copies of new licenses or certificates. |  |  |  |
| 1. Have there been any ongoing or completed (in last year) legal, financial, or ethical investigations involving program, faculty, administration, or practicum supervisors?   If yes, describe in detail and provide documentation. |  |  |  |
| 1. Have there been any highly publicized controversies involving program, faculty, or institution?   If yes, describe in detail and provide documentation. |  |  |  |
| **2. Personnel: Faculty and Administration** |  |  |  |
| a. Have any personnel involved in the program left or have there been any changes in roles or titles since approval or last annual report?  If yes, please provide details. |  |  |  |
| b. Have any new faculty, development staff, program managers, directors, etc. joined the program since approval or last annual report?  If yes, please provide CVs for any new personnel. |  |  |  |
| c. **List all healthcare documentation course instructors and curriculum developers** for verification of CMT /CHDS status. |  |  | Names: |
| **3. Curriculum and Instruction** |  |  |  |
| a. Has your program made any changes in following the *AHDI Model Curriculum*? If yes, please explain. Also, please specify which edition is being followed, 5th edition or 6th edition. |  |  |  |
| b. Have there been any changes to the required minimum of 35 hours of authentic physician dictation for healthcare documentation courses? If yes, please explain.  If dictation materials have changed, identify specific dictation product by name & edition; include practicum details. If developed in-house, access to dictation must be provided so that the ACCP can evaluate. |  |  |  |
| c. Have any courses been added or dropped from the curriculum? If yes, please explain. |  |  |  |
| d. Have there been any changes in course number and names, changes in textbooks or other materials considered an essential part of the program?  If yes, describe changes. |  |  |  |
| e. Has your program changed the way it incorporates the *AHDI Book of Style*? If yes, please explain.  Specify the format it is delivered in and which edition is used (Book of Style Workbook does not meet requirement). |  |  |  |
| **4. Operation of Program** |  |  |  |
| a. Have there been any certificate title, certificate requirement, or program track changes?  If yes, describe changes and provide any new certificates. |  |  |  |
| b. Has approved program merged or combined with a non-approved program?  If yes, please explain. |  |  |  |
| c. Have there been any changes in admission requirements?  If yes, please explain. |  |  |  |
| d. Have there been any changes in evaluation methods of courses, program faculty, supervisors, and/or students?  If yes, please explain. |  |  |  |
| e. Have enrollment/completion/placement figures changed for 12-month period preceding date of this report?  If yes, please provide updated figures. |  |  |  |