

Western Pennsylvania Health Information Management Association (WPHIMA)

Membership Application-JANUARY - DECEMBER 2010

DEMOGRAPHICS

FIRST NAME: _____	LAST NAME: _____
HOME ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
HOME PHONE: () _____	
COMPANY NAME: _____	TITLE: _____
WORK ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
WORK PHONE: () _____	EXTENSION: _____
FAX NUMBER: () _____	HOME PHONE: _____
PREFERRED MAILING ADDRESS: <input type="checkbox"/> WORK <input type="checkbox"/> HOME	EMAIL ADDRESS: _____

AREA(S) OF SPECIALTY

- | | | |
|---|--|--|
| <input type="checkbox"/> ACUTE CARE | <input type="checkbox"/> DRUG/ALCOHOL REHABILITATION | <input type="checkbox"/> NON-TRADITIONAL SETTING |
| <input type="checkbox"/> AMBULATORY CARE | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> OTHER (SPECIFY) |
| <input type="checkbox"/> BEHAVIORIAL HEALTH | <input type="checkbox"/> EHR/EMR/INFORMATION SYSTEMS | <input type="checkbox"/> PHYSICIAN OFFICE |
| <input type="checkbox"/> CODING (SPECIFY -InPat, Outpt, ICD-9, CPT-4) | <input type="checkbox"/> HIPAA | <input type="checkbox"/> TRANSCRIPTION |
| <input type="checkbox"/> CONSULTING | <input type="checkbox"/> LONG-TERM CARE | <input type="checkbox"/> TUMOR REGISTRY |

CREDENTIALS: (CHECK ALL THAT APPLY)

- RHIA RHIT CTR CMT CCS MS MBA CPHQ PhD MPM
- STUDENT OTHER

MEMBERSHIP TYPE

(Please Check One)-FEE for Active and Associates \$10; Student \$5. Enclose check to WPHIMA with this application.

- ACTIVE:** Any individual with an AHIMA certification, i.e. (RHIA, RHIT, CCS, etc.)
- ASSOCIATE:** Any individual presently or formerly engaged in the health field who does not qualify for Active Membership.
- STUDENT:** Any student residing in Western PA and is enrolled in an approved school for health information personnel is eligible.
- RETIRED:** Any individual with an AHIMA certification retired from the healthcare field in Western PA - EXEMPT FROM DUES.

PLEASE CHECK THE FOLLOWING BOXES:

- I wish to be included in outside mailings for vendors, recruiters, healthcare facilities, etc.
- I am interested in serving as a WPHIMA volunteer leader (committee chair, member, or officer)
- I have access to the Internet and email.
- I allow my information to be released to fellow members for networking purposes.

Mail application and check payable to WPHIMA to Jon Gabster, 904 Shady Park Ct., Oakdale, PA 15071

* If receipt is required, please make a copy of the application prior to sending.