

Ohio Health Information Management Association
Scholarship Program For The Established HIM Professional
Evaluation Criteria

Applicant's Name: _____ Date: _____

1. ___ Applicant met the deadline for application? Y or N
2. ___ Applicant is an active member of AHIMA and OHIMA? Y or N
3. ___ Applicant holds a valid AHIMA credential (RHIA, RHIT, CCS, CCS-P)? Y or N
4. ___ Application for: (check all that apply)
 ___ Book ___ Software program ___ Other
 ___ Newsletter ___ OHIMA event _____
 ___ Seminar registration ___ Tuition _____
5. ___ Purchase, attendance, or participation facilitates transition to or advancement towards a Vision 2006 role? Y or N
6. Vision 2006 role: (check one)
 ___ Clinical Data Specialist
 ___ Patient Information Coordinator
 ___ Data Quality Manager
 ___ Document and Repository Manager
 ___ Research and Decision Support
 ___ Security Officer
 ___ Other
7. ___ Received valid proof of attendance, payment, etc.? Y or N
8. ___ All other entries on the application complete? Y or N

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9. Statement criteria:

Criteria	Weight	Poor	Fair	Good	Excellent	Total Points
Request applicable to Vision 2006 or comparable role	1	0	1	2	3	
Allows applicant to transition to Vision 2006 or comparable role OR	4	0	1	2	3	
Allows applicant to advance in a Vision 2006 or comparable role	2	0	1	2	3	
Written communication skills:						
Spelling	4	0	1	2	3	
Grammar	4	0	1	2	3	
Logical ideas	4	0	1	2	3	
Professional presentation	4	0	1	2	3	
Regional Association involvement	2	0 yr	1 yr	2 yrs	3 yrs	
OHIMA Association involvement	2	0 yr	1 yr	2 yrs	3 yrs	

Grand Total Points: _____

Committee Member: 1 2 3 4 5