



**CHIM Consulting Inc. (CHIM Consulting)**

**Associate Consultant – Application Form**

A. Identification Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

B. Health Information Specialty Areas

Please select from the list below the HIM specialty area(s) for which you would like to be considered for consulting opportunities. List any other specialty areas not identified, if appropriate.

- Re-abstracting (coding audits) and Clinical Documentation Assessments
- Data Quality and Compliance/Quality Improvement
- Clinical and Administrative Decision Support
- Health Informatics and Data Analytics
- Privacy / Security / Data Protection
- EHR (Electronic Health Record) transition and implementation
- Information / Records Management
- Workflow Analysis and Workload Measurement

- HIM and Clinical Documentation Improvement
- Project Management
- Strategic Planning and Change Management
- Other: \_\_\_\_\_

C. Identification of Skills

Identify your relevant skills from the following list of areas of skills and expertise. Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Coding with ICD-10-CA/CCI (Canada)                       | <input type="checkbox"/> Privacy, Security & Confidentiality   |
| <input type="checkbox"/> Coding with ICD-9-CM/PCS (US)                            | <input type="checkbox"/> Operational (departmental) Management |
| <input type="checkbox"/> Coding with other Classification Systems                 | <input type="checkbox"/> Communication                         |
| <input type="checkbox"/> SNOMED/Other terminologies                               | <input type="checkbox"/> Project Management                    |
| <input type="checkbox"/> Standards (HL7, other)                                   | <input type="checkbox"/> Change Management                     |
| <input type="checkbox"/> Data Analytics   | <input type="checkbox"/> Negotiation                           |
| <input type="checkbox"/> Utilization Management/Decision Support (Clinical)       | <input type="checkbox"/> Facilitation                          |
| <input type="checkbox"/> Utilization Management/Decision Support (Administrative) | <input type="checkbox"/> Team Building                         |
| <input type="checkbox"/> Records management Community Care                        | <input type="checkbox"/> Leadership Recruitment                |
| <input type="checkbox"/> Records management Acute Care                            | <input type="checkbox"/> Systems Planning                      |
| <input type="checkbox"/> Records management Long Term/Chronic Care                | <input type="checkbox"/> Research                              |
| <input type="checkbox"/> Records management other Sector (Please indicate)        | <input type="checkbox"/> Risk Management                       |
|   | <input type="checkbox"/> Business/Strategic Planning           |

D. Resume

Attach your professional resume, highlighting the qualifications and experience relating to your chosen area(s) of expertise in Section B.

E. References

Provide a minimum of three (3) letter of reference from peers, employers and/or consulting clients.