2022/2023 ACDIS Scholarship Application

The purpose of this scholarship is to assist CDI professionals by enhancing their careers with further education and to increase collaboration among colleagues by sharing knowledge.

Scholarship awards:

ACDIS will award three scholarships annually for the following educational activities. Please note that ACDIS will provide each recipient with the registration, login instructions, etc. for their award, rather than a monetary prize.

- 1-year ACDIS membership + enrollment in the CDI Apprenticeship program
- Registration to an online CDI Boot Camp of choice
- Registration to the ACDIS national conference

Additionally, recipients must use the scholarship in the calendar year during which they were awarded. For example, a 2023 conference registration recipient would be required to attend the 2023 conference in order to keep the award.

Applicant requirements:

Applicants must be active in the CDI field, working in the profession. They must be able to demonstrate that fact with a letter from their manager or supervisor verifying employment. The letter must include the organization name, dates of employment, and be written on organization letterhead. Applicants must also provide the name and contact information of an additional professional reference.

Candidates who have completed the ACDIS CDI Apprenticeship certificate program, but are not yet working in the CDI field, will be eligible for consideration for the ACDIS membership and online Boot Camp awards.

Previous ACDIS Scholarship recipients may not reapply. ACDIS advisory board members, ACDIS staff, and other (currently serving) board and committee members are not eligible.

For more details about eligibility, please visit the ACDIS website by clicking here.

2022/2023 ACDIS Scholarship Application

Demographic information

* 1. Please provide your contact information.

First Name	
Last Name	
Company	
Address	
City/Town	
State/Province	
ZIP/Postal Code	
Country	
Email Address	
Phone Number	

* 2. Please provide your headshot and your professional bio. Please include both items in one document.

Choose File Choose File No file chosen

* 3. Including your current position, how long have you been in the CDI field?

- ◯ 0-2 years
- ◯ 3-4 years
- ◯ 5-6 years
- ◯ 7-8 years
- ◯ 9-10 years
- ◯ More than 10 years
- ◯ N/A; I'm not currently in the CDI field

2022/2023 ACDIS Scholarship Application

Educational background

* 4. What is the highest level of education you have obtained?

- ◯ High school
- ◯ Some college
- ◯ Professional certificate from a higher-education institution
- ◯ Associate's degree
- ◯ Bachelor's degree
- ◯ Some graduate work
- ◯ Master's degree
- ◯ Some doctoral work
- ◯ Doctorate
- ◯ None of the above

* 5. Please enter the name of your undergraduate institution(s), your field of study, and the dates you attended/graduated.

If you did not attend an undergraduate institution, please write "N/A" in the "Name of Institution" field.

Name of institution	
Field of study	
Dates attended	
Name of institution (2)	
Field of study (2)	
Dates attended (2)	
Name of institution (3)	
Field of study (3)	
Dates attended (3)	

* 6. Please enter the name of your postgraduate institution(s), your field of study, and the dates you attended/graduated.

If you did not attend a postgraduate institution, please write "N/A" in the "Name of Institution" field.

Name of institution	
Field of study	
Dates attended	
Name of institution (2)	
Field of study (2)	
Dates attended (2)	
Name of institution (3)	
Field of study (3)	
Dates attended (3)	
N/A	

* 7. What credentials do you hold? (Check all that apply.)

- [ ] Accredited Case Manager (ACM)
- [ ] Bachelor of Medicine, Bachelor of Science (MBBS)
- [ ] Certified Case Manager (CCM)
- [ ] Certified Clinical Documentation Specialist (CCDS)
- [ ] Certified Clinical Documentation Specialist-Outpatient (CCDS-O)
- [ ] Certified Clinical Documentation Improvement Practitioner (CDIP)
- [ ] Certified Coding Specialist (CCS)
- [ ] Certified Professional Coder (CPC)
- [ ] Certified Professional in Healthcare Quality (CPHQ)
- [ ] Doctor of Medicine (MD)
- [ ] Fellow of American College of Healthcare Executives (FACHE)
- [ ] Juris Doctorate (JD)
- [ ] Licensed Practical Nurse (LPN)
- [ ] Master's in Public Health (MPH)
- [ ] Registered Health Information Administrator (RHIA)
- [ ] Registered Health Information Technician (RHIT)
- [ ] Registered Nurse (RN)
- [ ] Registered Respiratory Therapist (RRT)
- [ ] Certified Coding Associate (CCA)
- [ ] Certified Risk Coder (CRC)
- [ ] Certification in Healthcare Revenue Integrity (CHRI)
- [ ] Other (please specify)

2022/2023 ACDIS Scholarship Application

Work history

Applicants must be actively working in the CDI profession to be eligible for the scholarship awarding the conference seat. Applicants must demonstrate employment status with a reference letter from their supervisor, manager, or colleague in question 14. This letter should be on the organization's letterhead, verify the applicant's current position, and provide a recommendation for the scholarship.

The recommendation letter provided in question 14 should be different from the one provided in question 15.

Please note, those applying for the Membership or Boot Camp awards will be eligible even if they do not currently work in the CDI field, provided they have completed the ACDIS CDI Apprenticeship program.

* 8. Please enter your employer/facility information.

Employer/facility name	
Address	
Address 2	
City/Town	
State/Province	
ZIP/Postal Code	
Country	
Phone Number	

* 9. Please enter your dates of employment.

* 10. Are you self-employed?

- ◯ Yes
- ◯ No

* 11. Please indicate your title/role.

- ◯ CDI specialist
- ◯ CDI second level reviewer
- ◯ CDI lead
- ◯ CDI supervisor
- ◯ CDI manager
- ◯ CDI director
- ◯ CDI auditor
- ◯ CDI educator
- ◯ CDI physician educator
- ◯ CDI informaticist/analyst
- ◯ CDI-coding liaison
- ◯ CDI quality specialist
- ◯ CDI denials specialist
- ◯ HIM/coding supervior
- ◯ HIM/coding manager
- ◯ HIM/coding director
- ◯ HIM/coding professional
- ◯ Physician advisor/champion
- ◯ Hospital executive
- ◯ Consultant
- ◯ Other (please specify)

[ ]

* 12. I hereby attest that I am presently employed in the CDI field.

- ◯ Yes
- ◯ No

* 13. Have you completed the ACDIS CDI Apprenticeship certificate program?

Please note that those who have completed the Apprenticeship program, but are not yet employed in the CDI field, will be eligible for consideration for the scholarships awarding the ACDIS membership and online Boot Camp.

- ◯ Yes
- ◯ No

* 14. Please provide a letter of recommendation that verifies your current position and offers a recommendation for the scholarship for which you are applying.

Note that the letter must be written on organization letterhead and include the name of the organization, dates of employment, and the reference's contact information.

Please note that you will be requested to provide another secondary reference in question 15. This individual will be contacted in the event that the selection committee requires additional information.

Choose File | Choose File | No file chosen

* 15. Please provide the name and contact information of a professional reference. Please use a different individual than you provided for question 14.

Name	
Company	
Relationship to applicant	
Email Address	
Phone Number	

2022/2023 ACDIS Scholarship Application

Scholarship application

* 16. Why are you interested in pursuing this scholarship?

(**Note:** There is no word or character limit for your answer, but the Scholarship Committee suggests at least 2-3 sentences for a strong application.)

* 17. What most interests and excites you about the CDI profession?

(**Note:** There is no word or character limit for your answer, but the Scholarship Committee suggests at least 2-3 sentences for a strong application.)

* 18. If you received this scholarship, in what ways would you share the information you gain with your peers to continue your and your colleagues personal and professional development?

(**Note:** There is no word or character limit for your answer, but the Scholarship Committee suggests at least 2-3 sentences for a strong application.)

* 19. Have you enrolled in or used any of the following CDI products or services to advance your education and career? If yes, who paid for the training?

	I paid out of pocket	My employer paid	Combination of self-pay/employer paid	N/A—I have not taken this educational opportunity
ACDIS membership	◯	◯	◯	◯
CDI textbooks	◯	◯	◯	◯
CDI boot camp(s)	◯	◯	◯	◯
CDI conference (ACDIS, AHIMA, etc.; Please specify in comments.)	◯	◯	◯	◯
Consultant training	◯	◯	◯	◯

Other (please specify)

* 20. Please rank the following awards according to your preference.

Note: Selecting one option over another does not mean you are only applying for this award, it is to help ACDIS select the best option for your needs, educational status, and time constraints. If you are selected for a scholarship, it will be for that which you are most well-suited, as determined by ACDIS administration and the Scholarship Committee.

≡ ▲▼ ACDIS membership + enrollment in the CDI Apprenticeship program

≡ ▲▼ Online ACDIS CDI Boot Camp

≡ ▲▼ ACDIS annual conference

2022/2023 ACDIS Scholarship Application

* 21. By typing your name in the textbox below you hereby attest that all the information provided in this application is true and accurate to the best of your knowledge.

Name	
Date	