

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 four 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.

- **Introduction to CDI Scholarship: A one-year ACDIS membership + enrollment in the ACDIS CDI Apprenticeship program**
- **Professional Development Scholarship: Registration to an online CDI Boot Camp of the recipient's choice**
- **Pre-Conference CDI Scholarship: Registration to either the ACDIS Symposium: Outpatient CDI or the ACDIS Physician Advisor Forum**
- **Melissa Varnavas Scholarship: Registration to the ACDIS national conference**

Additionally, recipients must use the scholarship in the calendar year during which they were awarded. For example, a 2025 conference registration recipient would be required to attend the 2025 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.

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

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	<input type="text"/>
Field of study	<input type="text"/>
Dates attended	<input type="text"/>
Name of institution (2)	<input type="text"/>
Field of study (2)	<input type="text"/>
Dates attended (2)	<input type="text"/>
Name of institution (3)	<input type="text"/>
Field of study (3)	<input type="text"/>
Dates attended (3)	<input type="text"/>
N/A	<input type="text"/>

* 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)

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	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Phone Number	<input type="text"/>

* 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 supervisor
- 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.

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	<input type="text"/>
Company	<input type="text"/>
Relationship to applicant	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

Scholarship application

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

(Note: There is no word or character limit for your answer, but the Furthering Education 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 Furthering Education 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 Furthering Education 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CDI textbooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CDI boot camp(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CDI conference (ACDIS, AHIMA, etc.; Please specify in comments.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultant training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
- ACDIS Symposium: Outpatient CDI or ACDIS Physician Advisor Forum

* 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