

If you are new to HIMSS (have not purchased anything from HIMSS or created an account previously) and would like to join for the first time, please refer to the instructions included below.

STEP 1 – USE THE OA SIGN UP LINK



Home > Membership > OA Sign Up

Organizational Affiliate Membership Sign-Up

Thank you for visiting the HIMSS Organizational Affiliate (OA) Member Sign-Up page. Through your organization's OA program, you are eligible for a complimentary individual HIMSS membership.

In order to activate your complimentary membership, we will ask you for a few pieces of information, such as name, email address, and your role at the organization. The membership sign-up process takes about 5 minutes to complete. In order to be eligible for your complimentary membership, please use your work email (for OAs) or school email (for Academic OAs) during the sign-up process; personal email addresses (e.g., gmail, yahoo) are not eligible.

⚠ Please login or create an account to validate that you have an approved email domain to join through an OA program. [Click here.](#)

- Visit: <https://marketplace.himss.org/membership/oa-sign-up>
- Click on the “**Click Here**” hyperlink in the warning box
- You should be redirected to the Organizational Affiliate Sign Up page, click the blue **+Join** button



Sign In

If you are an existing user, please use the login form below. Please contact help@himss.org, our IT Help Desk if you need further assistance with login.

Username:*

Password:*

Remember me

Sign In

[Forgot Password?](#) [Forgot Username](#)

Don't have an account?

Get started by creating an account and becoming a member to access benefits like:

- > Full, complimentary access to HIMSS20 Digital.
- > Discounts on HIMSS events, training and certification.
- > Networking and problem-solving through 20+ health IT communities.
- > Engagement in one of +57 global chapters to make a difference locally.
- > Members-only content and access to virtual learning.

Create Account Now

- Navigate to “Don't have an account?”
- Click on the “**Create Account Now**”

STEP 2 – CREATE AN ACCOUNT

All fields marked with an asterisk (*) are required



Create An Account

Already have an account? Please sign in.

Email:*

First Name:*

Last Name:*

Company Name:*

Job Category:*

Others Allied to the Field ▾
Other (please specify) ▾
Executive Admin

Years In Field:

> 15 years ▾

Work Site:*

Hospital, Multi-Hospital System, Integrated Delivery ▾

Purchasing Authority:

Benefits of membership:

- > Make a personal difference in your local community with health IT.
- > Join colleagues to share knowledge, solve problems and network.
- > Enjoy discounts on HIMSS events, training, and bookstore orders.

[Learn More](#)

- Enter your **student email address** and all other information marked with an asterisk.
 - For Company Name: Enter the name of your Academic Institution (school name)
 - For Job Title: Choose, from the dropdown – “Others Allied to the Field”, then “Student”
 - For Work Site: Choose “Academic Institution”
- Click on the blue “**Create Account Now**”
- Select a Username and Password
- Click “Create Now”

Existing Membership or Similar Names/Email Address



Have you registered before?

We found some accounts in our system that have similar names or email addresses. Please take a moment to see if one of these accounts might be you and if so select that record by clicking on the name. This way your previous history with us can be maintained.

Similar Records

@U*g
OH, Health System

If none of the records identify you, please create a new account. To revise your registration form, please click “go back” and make your modifications.

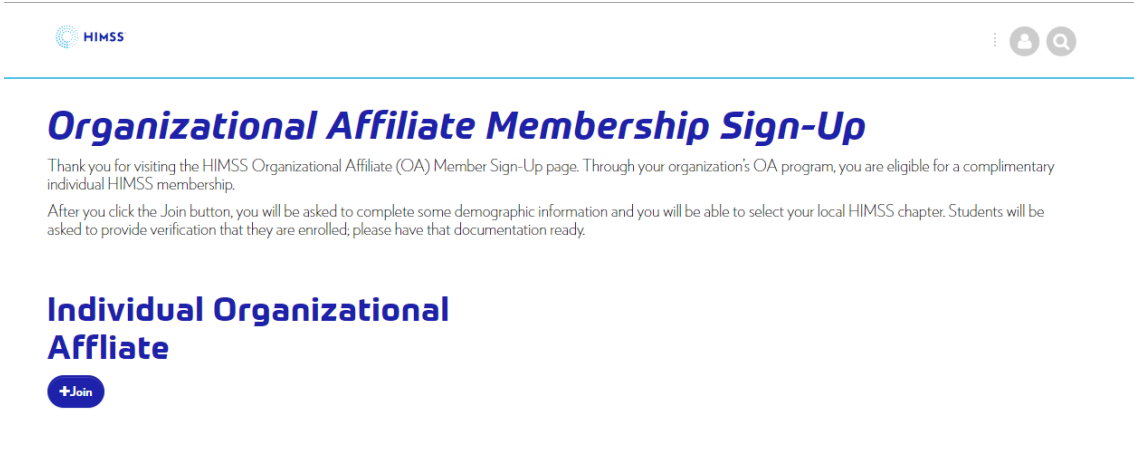
[Go Back](#) [+ Create New](#)

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[Learn More](#)

- If you receive a message reading, “**Have you registered before?**” Do not continue the membership sign up process
- Contact your Relationship Manager for further assistance with your membership.



Organizational Affiliate Membership Sign-Up

Thank you for visiting the HIMSS Organizational Affiliate (OA) Member Sign-Up page. Through your organization's OA program, you are eligible for a complimentary individual HIMSS membership.

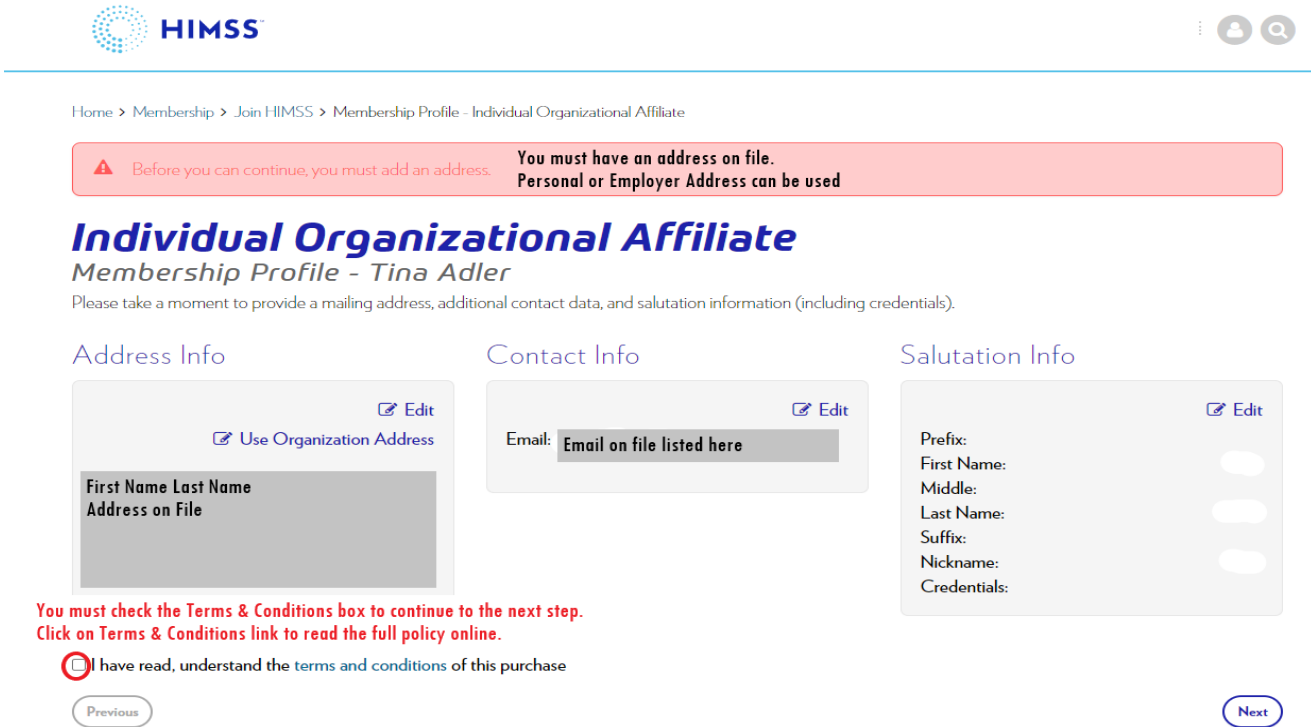
After you click the Join button, you will be asked to complete some demographic information and you will be able to select your local HIMSS chapter. Students will be asked to provide verification that they are enrolled; please have that documentation ready.

Individual Organizational Affiliate

[+Join](#)

- After entering your demographic information, and if you do not have an existing account, you should be directed to the Organizational Affiliate Membership Sign Up page
- Click on the +Join button to create your membership

STEP 3 – Membership Profile



Home > Membership > Join HIMSS > Membership Profile - Individual Organizational Affiliate

Before you can continue, you must add an address. You must have an address on file. Personal or Employer Address can be used

Individual Organizational Affiliate
Membership Profile - Tina Adler

Please take a moment to provide a mailing address, additional contact data, and salutation information (including credentials).

Address Info [Edit](#)
[Use Organization Address](#)
 First Name Last Name
 Address on File

Contact Info [Edit](#)
 Email: Email on file listed here

Salutation Info [Edit](#)
 Prefix:
 First Name:
 Middle:
 Last Name:
 Suffix:
 Nickname:
 Credentials:

You must check the Terms & Conditions box to continue to the next step. Click on Terms & Conditions link to read the full policy online.

I have read, understand the terms and conditions of this purchase

[Previous](#) [Next](#)

- On the Individual Organizational Affiliate Membership Profile landing page, ensure an address is on file for your account
- To edit your address, click on the blue **Edit** hyperlink inside the gray box under **Address Info**
- Click on the Terms and Conditions box and click on **Next** to continue
- Membership Terms and Conditions can be read in full online by clicking on the blue terms & conditions link

STEP 4 – Select Your Region and Chapter

Home > Membership > OA Sign Up > Membership Details - Individual Organizational Affiliate

Select your region and chapter

Your chapter benefit invites you to participate in chapter events, receive chapter news and promotions, and network with peers in your own backyard. One chapter is included with your membership.

Click on the gray carrot menu to see available regions.

- Click on the gray carrot menu to see available Chapter Regions
- Once region has been identified, click **Submit** to make your final selection
- Congratulations! You've completed your membership sign up process!

STEP 5 – Finalizing Your Membership Sign Up

Home > Checkout > Order Complete

[« Go to My Account Dashboard](#)

You are now a member!

Thank you for your membership purchase. You can find your order summary below. Here are a couple more steps to take to help you get the most from your membership!



Change Complimentary Chapter

Change your assigned chapter here.
NOTE: This will not update your order summary!

[Update](#)



Join Professional Communities

Join like-minded health IT colleagues to connect, learn, and lead our national industry initiatives.

[Join](#)



Manage Email & Newsletter Preferences

Receive only what you want - update your subscriptions today.

[Manage](#)



Attend HIMSS20 Digital

It's official: HIMSS20 Digital is happening!

[Explore](#)

- **Do not manage** your Email & Newsletter preferences from this screen.
- Your registration is completed when you reach the “**You are now a member!**” screen
- From this screen you can redirect to the following items:
 - Personal Account Dashboard
 - Change Complimentary Chapter
 - Join Communities
 - Manage your email/newsletter preferences
 - Attend and access HIMSS20 Digital sessions

Summary of Order #:

Order Number will appear here

Billing Address:

Address you provided will be listed here

Healthcare
Ave

Order Details:

Individual Organizational Affiliate	Quantity:	Unit Price:	Total:
Member Name: 5/1/2020 – 9/30/2020 Invoice #:	1	\$0.00	\$0.00

Missouri - Midwest Gateway Chapter Membership	Quantity:	Unit Price:	Total:
Member Name: 5/1/2020 – 9/30/2020 Invoice #:	1	\$0.00	\$0.00

Sub Total:	\$0.00
Tax:	\$0.00
Order Total:	\$0.00
Balance:	\$0.00
Amount Due:	\$0.00

- The final section of the confirmation screen will include a confirmation number, the billing address, and the term dates for your HIMSS Individual Organizational Affiliate + HIMSS Chapter Membership
- **Click on “Go To My Account Dashboard” to update your communication preferences.**
 - **Refer to page 8 of this guide to edit and personalize your preferences**
- **NOTE:** Both the HIMSS Individual Organizational Affiliate + HIMSS Chapter Membership DO NOT need to be renewed. These memberships auto renew every year as long as your organization renews their Organizational Affiliate program. If your organization does not renew, a notice of termination will be sent to you via email.
- To log out:
 - Navigate to the top right hand corner of the screen where you can see “HELLO [Your Name]”
 - Click the drop down menu and select “LogOut”



Sign In

If you are an existing user, please use the login form below. Please contact help@himss.org, our IT Help Desk if you need further assistance with login.

Username:*

nr Ramirez@himss.org

Password:*

.....

Remember me

Sign In

[Forgot Password?](#) [Forgot Username](#)

Don't have an account?

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Create Account Now

Logging In To Your HIMSS Account

- Direct yourself to the account sign in page located [here](#)
- Click the Sign in button
- You will be redirected to your account Dashboard, screen shot listed below

WHAT WE DO MEMBERSHIP RESOURCES EVENTS LEGAL/PRIVACY POLICY HELLO NANCY!




Home > My Account > Dashboard

Dashboard | Demographics | My Involvement | Education | Communication | Purchases | Membership Benefits | My Groups

My Account - Dashboard

Contact Information



[Add Photo](#)

[Edit](#)

Nancy Ramirez
Relationship Manager, Healthcare
Organizational Services
HIMSS North America

[Web / Phone](#)

[Edit](#)

Phone: (312)915-9544
Email: nr Ramirez@himss.org

Membership Summary

[Print Membership Card](#) | [View Membership Details](#)

Status: Active
Paid Thru Date: 2/29/2020
Member Type: Staff
Member Number: 1875
Chapter Affiliation: Florida - Central/North

My Meetings

Event Name	Date/Time	Location	Actions
HIMSS19 Global Conference & Exhibition Staff	2/11/2019 6:00 AM - 2/15/2019 4:00 PM ET		View Registration
HIMSS19 Recording Sessions - Included With Your Re	2/11/2019 6:00 AM - 2/15/2019 4:00 PM ET		View Registration
HIMSS18 Annual Conference & Exhibition Staff	3/5/2018 6:00 AM - 3/9/2018 4:00 PM ET		View Registration
HIMSS17 Annual Conference & Exhibition Staff	2/19/2017 6:00 AM - 2/23/2017 4:00 PM ET		View Registration

- On the My Account Dashboard you will see all the demographic information you've entered
- Membership Summary houses your HIMSS Membership + HIMSS Chapter Affiliation
- My meetings will reflect any HIMSS conference or HIMSS event you've previously attended



Home > My Account > Name & Demographics

Dashboard Demographics▾ My Involvement▾ Education▾ Communication▾ Purchases▾ Membership Benefits▾ My Groups▾

Background
Student Eligibility

Name & Demographics

Prefix:	Ms.	✎ Edit
First Name:	Nancy	
Middle:		
Last Name:	Ramirez	
Suffix:		
Nickname:	Nancy	
Credentials:		

Job Title:	Clinical Management Chief Clinical Officer	✎ Edit
Work Site:	Academic Education Institution	
Years In Field:		
Purchasing Authority:		
Preferred Currency:	United States dollar	

- To edit Name or Demographics, click on the “**Demographics**” tab
 - Click on the blue “**Edit**” links in the top right hand corner to edit
 - Names/Nicknames
 - Add credentials
 - Edit Job Titles, Work Sites, Years in Field
- My Involvement allow you to edit how you participate in HIMSS
- Education allows you to edit your educational background or student status (if applicable)
- Communications allows you to edit how HIMSS communicates with you
- Purchases allows you to track a history of your HIMSS purchases
- Membership Benefits will generate a report of your HIMSS participation

Editing Contact Preferences

Home > My Account > Communication Preferences **To edit your email preferences, select the COMMUNICATION tab**

Dashboard Demographics My Involvement **Education** **Communication** Purchases Membership Benefits My Groups

Communication Preferences

Solicitations

Ok to send by:

- Email
- Fax
- Postal Mail
- Phone

Promotions

Please send me:

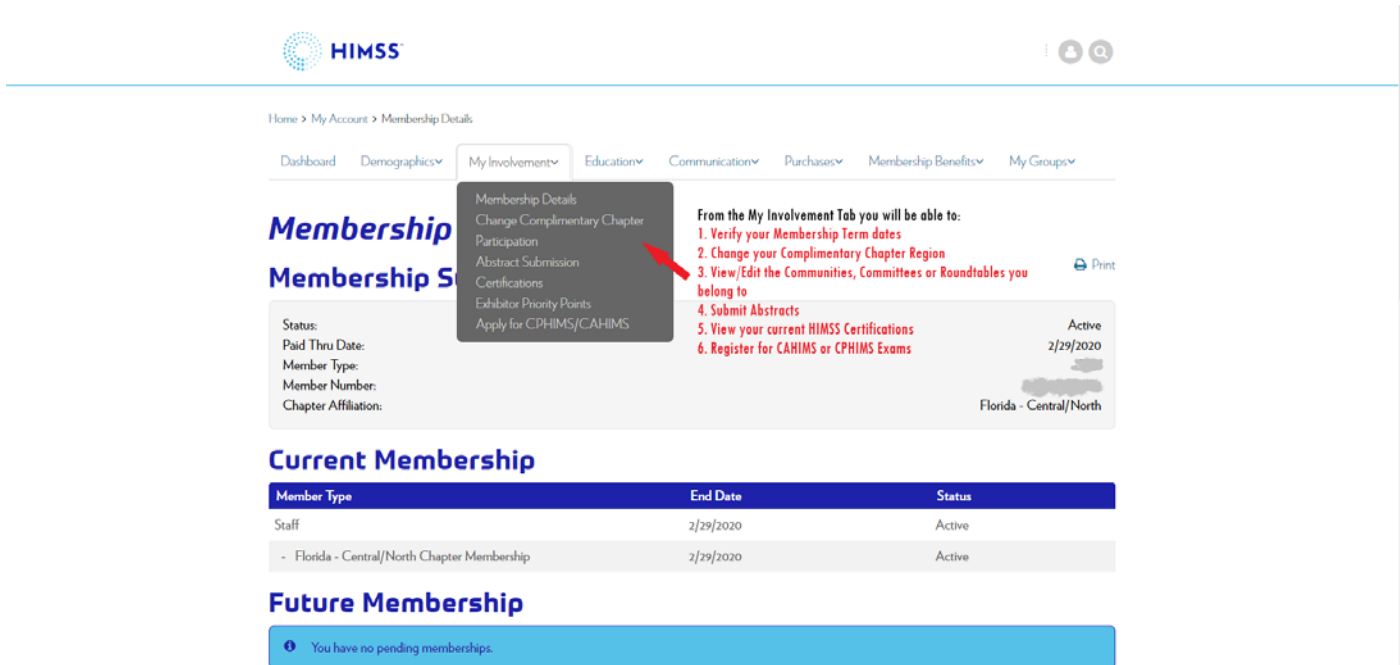
- Information from Partners

Communications [Edit](#)

i You have not selected your communication preferences.

- Select the “**Communication**” tab found in the My Account Dashboard
- Click the blue “**Edit**” link found on the top right corner
- From this section you can edit how you want to be contacted, the type of information/communications HIMSS should send you and designate additional phone numbers, email addresses, fax numbers or web/social media sites

Editing Your HIMSS Involvement



Home > My Account > Membership Details

Dashboard Demographics My Involvement **Education** Communication Purchases Membership Benefits My Groups

Membership **Membership S** [Print](#)

From the My Involvement Tab you will be able to:

1. Verify your Membership Term dates
2. Change your Complimentary Chapter Region
3. View/Edit the Communities, Committees or Roundtables you belong to
4. Submit Abstracts
5. View your current HIMSS Certifications
6. Register for CAHIMS or CPHIMS Exams

Status: Active
Paid Thru Date: 2/29/2020
Member Type:
Member Number:
Chapter Affiliation: Florida - Central/North

Current Membership

Member Type	End Date	Status
Staff	2/29/2020	Active
- Florida - Central/North Chapter Membership	2/29/2020	Active

Future Membership

i You have no pending memberships.

- Select the “**My Involvement**” tab found in the My Account Dashboard
- Click the blue “**Edit**” link found on the top right corner
- From this section you can edit multiple items including:
 - Chapter Membership regions



- Join a HIMSS community, committee or Roundtable
- Submit Abstracts
- View your certifications
- Apply for CPHIMSS/CAHIMSS testing

Applying for CAHIMS & CPHIMSS + Receiving Your OA Discount

As an Individual HIMSS Organizational Affiliate member, you qualify for a discount on both CPHIMS and CAHIMS Exams. To register for the exam and receive your discount, follow these steps:

- Select the “**My Involvement**” tab found in the My Account Dashboard
- From the gray drop down menu, select “Apply for CPHIMS/CAHIMSS”
- You will be re-directed to the Exam Application screen below

CPHIMS/CAHIMS Exam Application

Thank you for your interest in applying for CPHIMS/CAHIMS examination.

Please make the appropriate selection below. You must meet all of the eligibility requirements to qualify.

Application Type

- > Certified Professional in Healthcare Information and Management Systems (CPHIMS)
- > Certified Associate in Healthcare Information and Management Systems (CAHIMS)

Examination Type

- > I'm applying for a computer-based exam administration

Eligibility for Examination

To be eligible for the CPHIMS examination, a candidate must fulfill one of the following requirements for education and work experience. Please check one that applies from list below.

- Baccalaureate degree, or global equivalent, plus five (5) years of associated information and management systems experience*, three (3) of those years in healthcare.
- Graduate degree, or global equivalent, plus three (3) years of associated information and management systems experience*, two (2) of those years in healthcare.
- Ten (10) years of information and management systems experience, with eight (8) of those years in healthcare.

Associated information and management systems experience includes experience in the following functional areas: administration/management, clinical information systems, e-health, information systems, or management engineering.

Application Status

- > I am applying as a new candidate.
- > I am applying to retake the exam. I understand that there is a 60 day waiting period between exams.
- > I am applying for an extension of my testing window.
- > I am applying to renew my existing certification and will be taking the exam in lieu of submitting continuing education.

All applicants will need to either login or create a profile with HIMSS before proceeding with the examination application. Once your profile has been created, you will be able to fill application.

Submit

-
- Answer all the required questions
 - Click Submit
 - Discount will be automatically applied to your order, CPHIMSS exam is discounted at 10% and CAHIMSS is discounted at 20%

Viewing your Membership Benefit Report

Home > My Account > Benefit Report

Dashboard Demographics My Involvement Education Communication Purchases **Membership Benefits** My Groups

Benefit Report

Original Join Date: HIMSS v1. 05/01/2015
You do not have a free invitation available to you

Event Attendance

Event Title	Purchase Date	Order Number
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Book Orders

Book Title	Purchase Date	Order Number
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Membership History

Membership	Begin Date	End Date
Staff	05/01/2019	02/28/2020
Individual Organizational Affiliate	09/01/2018	09/01/2018
Staff	05/01/2018	02/28/2019
Staff	05/01/2017	02/28/2018
Staff	05/01/2016	02/28/2017
Staff	05/01/2015	02/28/2016
Staff	05/01/2014	02/28/2015
Staff	05/01/2013	02/28/2014

Chapter Involvement

Chapter	Begin Date	End Date
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- Select the “**Membership Benefits**” tab found in the My Account Dashboard
- Click the blue “Edit” link found on the top right corner
- The benefit report will generate how you’ve interacted within HIMSS, including:
 - Original membership join date
 - Track your HIMSS Event Attendance
 - Membership History
 - Chapter Involvement history
 - Committee/Community involvement history