HIMSS Academic Organizational Affiliate Membership Sign Up Process

Please use these instructions to sign up for a complimentary membership through your school's Academic Organizational Affiliate program

Please contact annette.flores@himss.org if you need assistance.

Use <u>www.himss.org/oa-signup</u> to create your complimentary HIMSS membership through your school's Academic Organizational Affiliate program.

PLEASE NOTE: You must use your<u>school email address</u> to be eligible for your free membership.

STEP 1

Create Your Account

If you already have an account, please go to Step 3. Otherwise, create an account now so you can set up your membership.

Welcome Please sign in or create an account.	
Sign In Fmail or User Name.*	Create an Account
Enter your Email or User Name Password:* Fater your password	Don't have an account? Set up one now—it takes just a few minutes.
Remember me Sign In	Create an Account
Forgot Password? Forgot Username?	

Create a Password

Enter your name and email, and create a password for your HIMSS account, then click the Create an Account button.

You will receive an email with a verification link. Click the link in the email to continue the membership registration process. Once you click the email verification link, you will be directed to the Profile Information page.

Login if You Have a HIMSS Account

If you have a HIMSS account but not a membership, enter your login credentials to sign in.

Welcome Please sign in or create an account.		
Sign In Email or User Name:* Password:*		Create an Ac To register for events and becom Don't have an account? Set up o
Remember me Sign In Errorat Password? Errorat I (semamo?)	₹	Create an Account

Complete Your Profile Information

Fill in all the fields on the Profile Information form and click Submit once you are done.

Enter <u>Student in the Job Title field</u>, enter your school name in the Company field, and select <u>Academic Education Institution</u> as your Work Site.

Basic Information Country United States	
Country United States	
United States	
L L TVI	
9IJI I GOL	
Student	
Company	
Demographics	
Job Category	
Select a category	
Years in Field	
Select	
Work Site	
Select	
Purchase Authority	

Select Student on the Sign-Up Page

In order to join as a student through your school's Academic Organizational Affiliate program, you will need to check the Student option on this page. Click Next Step once you have selected Student from the list.

	© німss	My Profile	Groups
	Organizational Affiliate Membershin Sign-LIn		
	Thank you for visiting the HIMSS Organizational Affiliate (OA) Member Sign-Up page. Through your organization's OA program, you are eligible for a com HIMSS membership.	plimentary individ	lual
	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 or 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 Academic OAs) during the sign-up process; personal email addresses (e.g., Gmail, Yahool) are not eligible.	ganization. The for OAs) or schoo	ol email
	Please Select the Option that Best Describes You		
	Employee/Staff at a Healthcare Organization		
	My primary employment is with a healthcare provider or ancillary organization. Next Step		
	Faculty at an Educational Institution		
\sim	I am a faculty member of a college, university, or other educational institution. Next Step		
	Student		
	I am a student of an educational institution.		

Select Your School

Select your school and click Continue to get to the Demographics Information page.

		😭 0 Items 🔛 🛩
HIMSS		My Profile Groups
Сотра	nies Based On The Domain	
Please select the cor	mpany that you represent.	
Select	Company	
0	Arkansas Tech University Russellville, Arkansas, United States	
		Continue

STEP 7

Complete Your Contact Information

Complete your contact information, including address, phone number, and preferred email address.

(
	Suffix	
	None 🗸	
	Nickname	
	Credentials	
	ASSOC	
	DS BSN	
	CAHIMS •	
	Address Information	
	Mailing Street	
	Mailing City	
	Mailing State/Province	
	Mailing Zip/Postal Code	

Click on Next Ste	p to Save Your	Contact Information
--------------------------	----------------	----------------------------

C	німбб			My Profile
	Mobile Phone			
	1234567890			
	Other Phone			
	Assist. Phone			
	Preferred Email Type			
	Personal 🗸			
	Personal Email			
	Work Email			
	Other Email			
	Assistant Email			
		Please click Ne	ext Step to proceed.	
		Cancel Previo	us Step Next Step	
		Sancer		

Complete Your Student Demographics

Complete the required student demographics fields. Please make sure to select Student as your Professional Role.

<u>Note:</u> The Currency field defaults to USD. If you are from a country outside the US, please select the correct currency type.

Click Next Step when you have completed the demographics section.

Student 🗸
Work Sta
Academic Education Institution
Academic Education Institution
Years in Field
~
Gender
↓
18-24 v
10.24
Education Level
None V
Veteran of the US military
Purchasing Authority
Not Applicable 🗸
Change currency type here if outside US.
reterred currency
030 •
Bloose stick Next Stee to researd
Prease click next Step to proceed.
Cancel Previous Step Next Step

```
STEP 10
```

Complete Your Student Verification

Answer the required fields on the Student Verification page about your enrollment dates and hours, program major, and expected graduation date.

St	tudent Verification	
	Evidence of student status must be provided. Students receive benefits of Regular membership at a reduced rate except for the ability to vote for or hold HIMSS elective office. Student membership does not apply towards member advancement status.	
5	Student Eligibility	
	Please answer the following to determine your eligibility for Student Membership with HIMSS.	
N	Name of Educational Site:"	
ſ	Arkansas Tech University	
F	Program Type: *None V	
F	Program Major:*	
F	Program Hours Enrolled:	
	None v	
c	Current Enrollment Start Date: *	
	白	
c	Current Enrollment End Date: *	

Upload Proof of Student Status

Make sure to upload your proof of student status (*transcripts, letter from your advisor, current schedule*), check the box that confirms the accuracy of the information provided, and select Next Step to continue the membership sign up process.

	译 0 Rems	-
C німss	My Profile	Group
Current Enrollment End Date: *		
12/31/2024		
Expected Award/Graduation Date: "		
06/01/2026		
Proof of Student Status		
documentation now on this page by sel Student Demographics link. For more in description page. Proof of Student Status File Upload (30	lecting the "Choose File" button or within 30-days of dues payment by logging into your member profile and selecting the nformation on enrolliment requirements and a list of valid student documentation, please read our Student Membership MB Maximum:	
	Browse	
Agreement		
By checking this box, I confirm that the may be subject to review. If not eligible	information provided is truthful and accurate. I do not hold a full-time position in a health IT related field and I understand that it for Student Membership please visit the Join HIMSS page to select a different membership type.	
.*		
	Please click Next Step to proceed.	
	Cancel Previous Step Next Step	

Select Your Chapter

To chose your preferred chapter, select No on the Opt out of Chapter Membership menu, then select your chapter from the drop down menu. <u>Please note</u>: if you select Yes on the Opt out of Chapter Membership, you will not be able to select a chapter.

Німss
Student Chapter Selection
Chapter Membership / Professional Communities Selection
Your chapter benefit invites you to participate in chapter events, receive chapter news and promotions, and network with peers in yo included with your membership. To select a complimentary chapter, please select "No" in the field below to reveal a list of available (
Opt out of Chapter Membership
Chapter Membership *None V
Join like-minded health IT colleagues to connect, learn, and lead our national industry initiatives. Our professional communities offer solving, solution sharing, education and more.
Please select the professional communities you would like to participate in from the lists below. Professional Communities
Executive Network Community

**** OPTIONAL**** Want to Join a Community?

Select as many of the HIMSS Professional Communities as you would like to participate in. To choose multiple professional communities, highlight each community you would like to join using the CTRL button. Then click Next Step.

	교
Німss	M
No 🗸	
Chapter Membership*	
×	
Join like-minded health IT colleagues to connect,	, learn, and lead our national industry initiatives. Our professional communities offer peer-to-peer networking
solving, solution sharing, education and more.	
Please select the professional communities you	would like to participate in from the lists below.
Professional Communities	
Connected Health	*
Emerging Healthcare Leaders Community	
Global Health Policy Connection	
Healthcare Cybersecurity Community	
INTRA ANTE I I A I	
International Professional Communities	
DACH Community	
French Community	
· · · · · · · · · · · · · · · · · · ·	
Future50 Community	

Your Membership Is Complete!

Click on My Profile to view all of your membership information and make updates to your profile at any time.

e Groups
been ge.

Review Your Info

Update your profile information and view your membership details from the My Profile page at any time. Thank you for joining HIMSS.

П німss	Membership	Store	Directories	My Involvement	Organizational Affiliate (OA) Resources	
				My Info		
Ö						
Student Members	Student Members My Info Address Book Memberships Company Memberships Payment Methods	Degree Title Student				
My Info Address Book		Company School Worksite				
Memberships		Academic Profession Others Alli	Education Institution nal Role Category led to the Field			
Company Memberships Payment Methods		Profession Student	al Role Subcategory			
Orders	Orders					
Badges		Commu	nication Informa	tion		
Transcripts CE Hours						