

Health Information Management Program

Professional Practice Experience (PPE) Checklist

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

**At completion of HIM 300**

* Log in to Vendor website to create account. Date completed: \_\_\_\_\_\_\_\_\_\_\_

**At least 16 weeks prior to start of HIM 497**

* Confirm with Vendor (via the website) that you have successfully completed your background and health screening. Date confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Schedule a meeting (face-to-face, phone, or virtual) with the Clinical Coordinator by completing [this form](https://forms.office.com/Pages/ResponsePage.aspx?id=NmaEX31DukaRUtBjKplwFicbP94Y7k1BjwA8-LPYollUOVkzQkExUkhCNEVOUk0wOEU5Tk44NFQ3SiQlQCN0PWcu). Scheduled Meeting date/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Be prepared to discuss:
  1. Your HIM interest areas (coding, release of information, privacy, EHRs, etc.)
  2. Potential project ideas (writing policies/procedures, new workflow design, implementation of software, etc.)
  3. Potential organizations in your area for a PPE placement (think about your family/friends/colleague connections)

**At least 12 weeks prior to start of HIM 497**

* Secure a PPE site, with identified supervisor and project idea.
* Submit the [PPE Proposal form](https://forms.office.com/Pages/ResponsePage.aspx?id=NmaEX31DukaRUtBjKplwFicbP94Y7k1BjwA8-LPYollUNEgyM0JJSjRUQjhGTFE2UkVBNkRQQzFXSSQlQCN0PWcu) with Sections 1 & 2 completed, (The HIM Program Chair will assist you with Section 3.) *.* Date Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email [HIMPPE@franklin.edu](mailto:HIMPPE@franklin.edu) to schedule a virtual meeting to discuss your proposal with the Clinical Coordinator and the HIM Program Chair. Scheduled Meeting date/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The Chair will review and update Section 3 of the PPE Proposal form after conferencing with your site supervisor and then obtain their signature.
  + Note: The Clinical Coordinator will send a formal agreement called a Memorandum of Understanding (MOU) to your site supervisor to be signed. This must be completed prior to enrollment in HIM 497.
* You will receive a final, approved copy of the PPE Proposal form for your records.

**At least 6 weeks prior to start of HIM 497**

After confirmation of academic eligibility and completion of all other requirements, the Clinical Coordinator will enroll you in HIM 497 for the appropriate term.

For detailed information about the PPE’s purpose, expectations and project ideas, please consult the [PPE Handbook](http://www.franklin.edu/www.franklin.edu/Registrar/Files/HIM%20PPE_Handbook.pdf).