



## Application to become an IHE Member Organization

Integrating the Healthcare Enterprise (IHE) International is an organization that enables users and developers of information technology for healthcare to achieve interoperability of systems through the precise definition of healthcare tasks, the specification of standards-based communication between systems required to support those tasks and the testing of systems to determine that they conform to the specifications. The work is managed by IHE committees and sponsored by various national and international bodies, as described in the IHE Principles of Governance, available at [www.ihe.net/governance/](http://www.ihe.net/governance/).

IHE International is composed of Member Organizations interested in improving the interoperability of healthcare information systems. An organization that becomes a member of IHE International may designate representatives to participate in Domain Committees, National/Regional Deployment Committees and other committees relevant to its interests.

A Member Organization may at any time designate one or more representatives to each Committee on which it wishes to be represented, by notifying the Secretary of that committee. A Member Organization can designate one principal voting member. One or more alternate representatives may also be designated. The designated representatives may be added changed at any time by providing written notification to the Secretary of the committee in question. When prompted, please provide the names and committees of any representatives to be designated at submission of the application.

Please complete the application form online and submit as instructed. Send the Declaration section, with authorized signature, via email, post or fax to:

IHE International Board Secretariat  
c/o HIMSS-Lisa Spellman  
Informatics Department  
230 East Ohio, Suite 500 - Chicago, Illinois USA 60611-3270  
Email to: [ihe@himss.org](mailto:ihe@himss.org)  
FAX: [+1-312-962-4314](tel:+13129624314)

IHE will contact the primary contact regarding approval or rejection of the application within 60 days.

## Organization

Organization Name:		
Corporate Address:		
City:		
State/Province/Country:		
Postal Code:		
Telephone:		
Organizational url:		

SAMPLE

**\* Organization Type**

(see descriptions in IHE Principles of Governance, section 9.1.2)

Other:

**\* Interest Category (select one)**

- User     Developer     General

SAMPLE

Does this organization have a Parent/Subsidiary or Affiliate relationship with any other IHE Member Organization.

Yes     No

SAMPLE

If "Yes", please provide the name of Parent/Subsidiary/Affiliate Organization:

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Primary Contact Information

Name:

Email:

Title:

Address:

City:

State/Province/Country:

Postal Code:

Telephone:

Alternate Contact Information (optional)

Name:

Email:

Title:

Address:

City:

State/Province/Country:

Postal Code:

Telephone:

# Designated Committees and Representatives

Committee:

Primary Representative

Name:

Email:

Phone:

Alternate Representative 1 (Optional)

Name:

Email:

Phone:

Alternate Representative 2 (Optional)

Name:

Email:

Phone:

Committee:

Primary Representative

Name:

Email:

Phone:

Alternate Representative 1 (Optional)

Name:

Email:

Phone:

**Alternate Representative 2 (Optional)**

Name:

Email:

Phone:

**Committee:**

Cardiology Planning Committee

**Primary Representative**

Name:

Email:

Phone:

**Alternate Representative 1 (Optional)**

Name:

Email:

Phone:

**Alternate Representative 2 (Optional)**

Name:

Email:

Phone:

**Committee:**

Cardiology Planning Committee

**Primary Representative**

Name:   
Email:   
Phone:

**Alternate Representative 1 (Optional)**

Name:   
Email:   
Phone:

**Alternate Representative 2 (Optional)**

Name:   
Email:   
Phone:

If you need to add more than 4 Committees, or if you have changes at a later time, the Primary Rep may modify by contacting the Domain Committee Co-chairs responsible for the committee you wish to join. For example, ITI Planning contact Charles Parisot or Mike Nusbaum.



Please complete the Declaration Form and send, with authorized signature, via email, post or fax to:

IHE International Board Secretariat  
c/o HIMSS-Lisa Spellman  
Informatics Department  
230 East Ohio Street, Suite 500  
Chicago, Illinois USA 60611-3270  
Mail to: [ihe@himss.org](mailto:ihe@himss.org)  
FAX: +1-312-962-4314

SAMPLE