Confidential



Side A: Completed by Candidate

Fellow Candidate: Complete the information on this side and then forward this form to your reference for his or her completion of the reverse side. Remember, this reference can be from either an ACHE Fellow or a senior leader in your organization.

Reference: Please complete the reverse side of this form and fax (312-424-9405) or mail it to ACHE as soon as possible. You may also complete and submit your reference form at **ache.org/FACHE**.

Date

Reference Information

NAME			
TITLE	ORGANIZATION		
ADDRESS	CITY	STATE	ZIP
Candidate Informatio	on		
NAME			
TITLE	ORGANIZATION		
ADDRESS	CITY	STATE	ZIP

Fellow or Senior-Level Executive Reference Form—

Side B: Completed by Reference

Reference: Please fax, mail or complete this form online at ache.org/FACHE.

Confidential Inquiry on Applicant to Become a Fellow of the American College of Healthcare Executive

You have been listed as a reference by the candidate whose name appears on the reverse side. We would appreciate your completing and returning this form to ACHE as soon as possible. Your reply will be held in strict confidence.

ACHE is interested in learning of the candidate's professional reputation for competence, judgment, integrity and ethics. Candidates also must have executive healthcare management experience in order to advance to Fellow status. Please review the definition at **ache.org/FACHE**. Thank you.

Do you recommend this candidate for Fellow status in the American College of Healthcare Executives?	Yes	s] N	0
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Questions

This reference may be completed by an ACHE Fellow or a senior-level executive (vice president or higher in the candidate's organization).

1.) Please describe how you know the candidate

2.) What are the candidate's responsibilities in the organization?

3.) The candidate must have five years of executive healthcare management experience to be eligible for Fellow status (see executive healthcare management definition at **ache.org/FACHE**). Does the candidate meet this definition?

Yes or No

Please provide your rationale

4.) Do you recommend this candidate for Fellow in ACHE?

Yes or No

PRINTED NAME

SIGNATURE

Send to: American College of Healthcare Executives (Confidential) 300 S. Riverside Plaza, Suite 1900 Chicago, IL 60606-6698 Phone: (312) 424-9400 Fax: (312) 424-9405 DATE