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join the leaders at ACHE

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AmericanCollege of
HealthcareExecutives
for leaders who care®

Did an ACHE Member encourage you to join?

ACHE recognizes those who refer colleagues to join or advance through the Leader-to-Leader reward program.

OPTIONAL

_____		_____
Name	ACHE Affiliate ID	

Title		

Organization		

Address		

City	State	Zip Code
_____		_____
Phone	Email	

1 Civilian Uniformed Services

POSITION ORGANIZATION NAME CITY AND STATE/PROVINCE

LENGTH OF SERVICE (FROM-TO: LIST MONTH/YEAR)

2 Civilian Uniformed Services

POSITION ORGANIZATION NAME CITY AND STATE/PROVINCE

LENGTH OF SERVICE (FROM-TO: LIST MONTH/YEAR)

3 Civilian Uniformed Services

POSITION ORGANIZATION NAME CITY AND STATE/PROVINCE

LENGTH OF SERVICE (FROM-TO: LIST MONTH/YEAR)

• Indicate the start date of your first healthcare management position:

START DATE (MM/DD/YY)

• What is your total number of years of healthcare management experience? (including fellowships/residencies)

Experience is not a membership requirement. NUMBER OF YEARS (YY)

E Education

List all academic degrees earned, beginning with the most recent.

1 Graduate Undergraduate

SCHOOL NAME AND LOCATION ATTENDED (FROM-TO: LIST MONTH/YEAR)

DEGREE OR DIPLOMA (ABBREV.) MAJOR SUBJECT

2 Graduate Undergraduate

SCHOOL NAME AND LOCATION ATTENDED (FROM-TO: LIST MONTH/YEAR)

DEGREE OR DIPLOMA (ABBREV.) MAJOR SUBJECT

3 Graduate Undergraduate

SCHOOL NAME AND LOCATION ATTENDED (FROM-TO: LIST MONTH/YEAR)

DEGREE OR DIPLOMA (ABBREV.) MAJOR SUBJECT

F Statement of Release and Agreement

In furtherance of this application, I hereby release ACHE and its officers, directors, affiliates, agents, and employees, and the providers of any information about me, from any and all liability and agree to save and hold each of them harmless from and against all claims, costs, expenses, demands, actions and liability arising from or relating to acts performed in good faith and without malice in connection with the provision, collection and evaluation of information and opinions, whether or not requested or solicited, concerning my application for membership in the American College of Healthcare Executives.

I further represent and warrant that the information provided on this application is accurate—including my graduation date—and complete and agree that if I am admitted as an affiliate of ACHE, I will abide by ACHE’s *Bylaws, Code of Ethics, Regulations* and other rules (which are available on ache.org) and that all of the foregoing releases and agreements will remain in effect with respect to any future evaluation of my fitness for continued membership in ACHE.

SIGNATURE

DATE

American College of Healthcare Executives Questionnaire

To help meet your professional development needs and to better target programs and services for you, please complete the following 11 questions. Thank you for your time!

1. Which of the following best describes your position (not title)?

(Circle ONE number)

Chief Executive Officer	1	Dept. Head/Director	9
Chief Operating Officer	2	Manager	10
Chief Financial Officer	3	Staff	11
Chief Information Officer	4	Consultant	12
Chief Medical Officer	5	Not currently employed	13
Chief Nursing Officer	6	Retired	14
Senior Vice President	7	Other (please specify below)	15
Vice President	8		

2. Which of the following best describes your work setting?

(Circle ONE number)

Freestanding Hospital/Medical Center	1
Member Hospital of a Non-Federal Hospital System	2
Member Hospital of a Federal Hospital System (Military/VA/IHS)	3
Corporate Headquarters of a Healthcare System	4
Ambulatory Care Facility/Group Practice	5
Managed Care/HMO/PPO	6
Post-Acute/Chronic-Care Organization	7
Public Health/Community Health/Mental Health Agency	8
Consulting Firm	9
Association	10
Educational Institution/Research Institute	11
Military (nonhospital/clinic setting)	12
Health-Related Industry (e.g., supplier, pharmaceutical or equipment manufacturer)	13
Other (please specify below)	14

3. What is the principal focus of your position?

(Circle ONE number for principal focus and ONE number for secondary focus)

	Principal	Secondary
General Management	1	1
Financial Management	2	2
Nursing Services	3	3
Human Resources Management	4	4
Clinical Support Services (e.g., PT, OT, X-ray, rehab)	5	5
Ancillary Services (e.g., housekeeping, physical plant)	6	6
Medical Staff Relations/Recruitment	7	7
Information Systems/Medical Records	8	8
Quality Assurance/Utilization/Ethics	9	9
Legal/Risk Management	10	10
Marketing/Planning/Public Affairs	11	11
Medical Care Program (e.g., oncology)	12	12
Ambulatory Care/Emergency Services/Readiness	13	13
Managed Care/HMO/PPO	14	14
Long-Term Care	15	15
Home Health Service	16	16
Mental Health/Substance Abuse	17	17
Fund Development/Community Relations/Volunteers	18	18
Educational Administration/Residency Program	19	19
Teaching/Academic Research	20	20
Governance	21	21
Policy/Advocacy/Government Affairs	22	22
Other (please specify below)	23	23

(for question 10)

Areas of Expertise

Governance

- 0100-Governance
- 0101-Board - Conflict Resolution, Education, Policies
- 0102-Board Selection and Recruitment Process
- 0103-For-Profit Subsidiaries Relations
- 0104-Foundation Relations
- 0105-Governance Structures
- 0106-Joint Ventures
- 0107-Lobbying - National, Provincial, State and Local
- 0108-Organizational Structure

Human Resources

- 0200-Human Resources
- 0201-CEO - Employment Contracts
- 0202-Compensation Strategies
- 0203-Downsizing
- 0204-Employment Law
- 0205-Health Professionals Legislation/Regulation
- 0206-Hiring and Performance Management
- 0207-Human Resource Administration
- 0208-Labor Relations
- 0209-Labor Strikes
- 0210-Leadership Development
- 0211-Medical Staff Development/Physician Relations
- 0212-Negotiation and Mediation
- 0213-Outsourcing Service
- 0214-Physician Recruitment/Retention
- 0215-Staff Management, Training and Development
- 0216-Staff Recruitment/Retention
- 0217-Succession Planning
- 0218-Employee Health

Finance

- 0300-Finance
- 0301-Auditors - Selection
- 0302-Business Plan Development
- 0303-Capital Asset Management
- 0304-Financial Analysis, Planning and Budgeting
- 0305-Reimbursement - Medicare/Medicaid/3rd Party
- 0306-Revenue Cycle Management
- 0307-Subrogation and Coordination of Benefits (COB)
- 0308-Underwriting
- 0309-Unrelated Business Income (UBIT)

Technology

- 0400-Technology
- 0401-Computerized Physician Order Entry
- 0402-Electronic Medical Record
- 0403-Freedom of Information/Protection of Privacy
- 0404-HIPAA
- 0405-Information Systems Selection/Implementation
- 0406-Information Systems Skills/Experience
- 0407-Medical Informatics
- 0408-Outsourcing
- 0409-Telemedicine/Telecommunications Systems

CQI

- 0500-Quality Management
- 0501-Accreditation - Joint Commission
- 0502-Accreditation - NCQA, URAC
- 0503-Benchmarking - Dashboards, Clinical Metrics
- 0504-Continuous Quality Improvement
- 0505-Leapfrog Initiatives
- 0506-Organizational Alignment
- 0507-Patient Safety
- 0508-Risk Management
- 0509-Six Sigma
- 0510-Utilization Management
- 0511-Utilization Review
- 0512-Reengineering

(continued on reverse)

(continued from reverse)

Areas of Expertise**Legal**

0600-Legal
 0601-Attorneys/Legal Counsel - Selection
 0602-Certificates of Need
 0603-Compliance - Medicare/Medicaid
 0604-Credentialing and Licensing
 0605-Government Relations
 0606-Legal Risk Management and
 Antitrust Compliance
 0607-Malpractice
 0608-OSHA (Occupational Safety
 & Health Administration)
 0609-Stark Rules

Ethics

0700-Ethics
 0701-Ethics Management and Administration
 0702-Management Ethics
 0703-Medical Ethics

Healthcare

0800-Healthcare
 0801-Ambulatory Care
 0802-Clinical Pathways and Disease
 Management
 0803-Complementary Medicine
 0804-Field Hospital Management
 0805-Group Practice
 0806-Health Systems
 0807-Home Healthcare
 0808-Integration - Horizontal, Vertical
 0809-Long-Term Care
 0810-Managed Care - Contracting, Health Plans
 0811-Network Development
 0812-Nursing, Physicians, and Allied
 Professionals Roles
 0813-Physician Compensation
 0814-Population Health - Future Care Models
 0815-Primary Health Care
 0816-Rural Healthcare
 0817-TRICARE
 0818-Mental Health
 0819-Outpatient
 0820-Rehabilitation
 0821-Nutrition
 0822-Consumer-Driven Healthcare
 0823-Pharmaceuticals/Drug Distribution Systems

Management

0900-Management
 0901-Change Management
 0902-Communication Skills
 0903-Conflict Resolution
 0904-Crisis Management
 0905-Culture Development/Team Building
 0906-Developing Physician Leaders
 0907-Disaster Preparedness
 0908-Facilities Management
 0909-Interpersonal Skills
 0910-Mentoring/Executive Coaching
 0911-New Facility Construction
 0912-Physician Practice Management
 0913-Principles of Diversity
 0915-Resource Management
 0916-Restructuring/Reorganization
 0917-Supply Chain Management

Business

1000-Business
 1001-Community Relations
 1002-Customer Service Centers
 1003-Divestitures
 1004-Fundraising
 1005-Marketing and New Business
 Development
 1006-Mergers/Acquisitions/Affiliations
 1007-Public Relations
 1008-Strategic Alliances
 1009-Strategic Planning

4. Indicate the type of organization responsible for establishing policies for your overall operations. (Circle ONE number)

Not-for-Profit 1
 Investor-Owned 2
 Government: Federal 3
 Government: Nonfederal 4

5. Please indicate whether you *personally* (not your organization) currently maintain a license in any of the following specialties. (Circle all applicable numbers)

Medicine 1
 Nursing 2
 Law 3
 Nursing Home 4
 Public Accounting (CPA) 5
 I do not hold any of the above 6

6. Are you a *full-time* faculty member of an undergraduate or graduate health administration program? (Circle ONE number)

Yes 1 No 0

7. Please indicate if you wish to be included in any of ACHE's special interest areas. (Circle all applicable numbers)

CEO 1
 Managed Care Executive 2
 Post-Acute/Chronic-Care Executive 3
 Systems Healthcare Executive 4
 Nurse Executive 5
 Physician Executive 6
 Group Practice Executive 7
 Rural Healthcare Executive 8
 Consultant 9
 None 10

OPTIONAL**8. Select the item(s) that best describe(s) your race/ethnicity.**

(Circle all applicable numbers)

White (non-Latino) 1
 Black (non-Latino) 2
 Hispanic/Latino 3
 Asian or Pacific Islander 4
 American Indian, Eskimo or Aleut 5

9. Please indicate your gender.

Male 1
 Female 2

Please circle those items that you are willing to allow ACHE to release to executive search firms and others who desire lists that specify the race/ethnicity or gender of affiliates. (Circle all applicable)

Release Race/Ethnicity Release Gender Do Not Release

10. Please indicate up to three areas in which you consider yourself an expert.**This will be published in the Affiliate Directory.** (Select from Areas of Expertise columns, which begin on previous page)

1st _____ 2nd _____ 3rd _____

11. Name and Email Address: _____

G Membership Dues (U.S. Dollars)

1 Prorated Dues Amount (*Payment must be included with application.* See payment schedule below.) \$ _____

2 Please list promotional code below if applicable:

└─
└─

Prorated Dues Payment Schedule*:

Please enter the appropriate amount on line 1 above.

Month Applied	Amount Due†
January	\$138
February	\$125
March	\$113
April	\$100
May	\$88
June	\$75
July	\$63
August	\$50
September	\$150 (Payment will cover next year's dues in full.)
October	\$150 (Payment will cover next year's dues in full.)
November	\$150 (Payment will cover next year's dues in full.)
December	\$150 (Payment will cover next year's dues in full.)

* ACHE reserves the right to revise its annual dues at any time without notice. If amounts have changed since this application was printed, ACHE will invoice you for the difference.

† The portion of your dues attributable to lobbying, which ACHE estimates as 1%, is nondeductible. The balance of your dues may be tax deductible as a business expense, depending on your individual circumstances. Check with your tax adviser.

Method of Payment:

Check enclosed (payable to the American College of Healthcare Executives)

 Visa

 American Express

 MasterCard

 Discover

\$ _____
AMOUNT CHARGED

ACCOUNT NUMBER _____ EXP. DATE _____

CARDHOLDER'S SIGNATURE

H Choose Your Journal

You will automatically receive *Healthcare Executive* magazine with your membership. In addition, please select one:

Journal of Healthcare Management (6 times/year, concise research articles) or

Frontiers of Health Services Management (4 times/year, one in-depth topic per issue)

Visit http://www.ache.org/pubs/journal_facts.cfm for details.

I Application Checklist

Place a **check mark** in each of the following boxes:

I have signed and dated this application (Section F).

I have completed the Membership Dues section and will provide appropriate documentation.

I have a minimum of a Bachelor's Degree from an accredited university.

I have an interest in and commitment to the profession of healthcare management.

I have made a copy for my records.

An application cannot be processed until all requested information, including dues, have been submitted.

Please allow up to four weeks for processing. You will receive a new Member e-mail when your membership has been approved.

Mail completed application to: American College of Healthcare Executives
6876 Eagle Way
Chicago, IL 60678-1068
Or Fax to: (312) 424-9405

Save time! Apply online at ache.org.

APMEMB0112