

Application for Faculty Associate

As a Faculty Associate of ACHE, you will receive complimentary subscriptions of *Healthcare Executive* and your choice of another ACHE top-notch publication—the *Journal of Healthcare Management* or *Frontiers of Health Services Management*, affiliate rates for education programs and a number of other benefits.

To be eligible for Faculty Associate status, you must hold a **full-time** position with an appointment in a graduate or undergraduate program in health services administration.

Complete this application in full and return it along with the appropriate dues (see back page). You may also fax your completed application with credit card information to (312) 424-9405. A resume or curriculum vitae is not an acceptable alternative.

***If you are interested in advancing within ACHE to Fellow status, consider applying as a full Member instead of a Faculty Associate. Please go to our Web site at ache.org or contact ACHE's Customer Service Center at (312) 424-9400 for more information.**

A Name

Female

Civilian

BRANCH

Male

Uniformed Services (Enter Branch and Rank)

RANK/POSITION

FIRST

MIDDLE

LAST

SUFFIX

B Current Position

TITLE

DATE APPOINTED (MM/DD/YR)

PROGRAM/DEPARTMENT

UNIVERSITY/COLLEGE

BUSINESS ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

BUSINESS PHONE

FAX

E-MAIL

C Personal Information

DATE OF BIRTH (MM/DD/YR)

HOME ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

HOME PHONE

FAX

E-MAIL

Do you wish your mail to be sent to your business **or** home address? Check one.

D Occupational History

Begin with your last place of employment prior to your current position. Proceed in reverse chronological order, listing all previous healthcare-related positions. Use one line for each position. Residency and internships should be included. Include each armed forces tour of duty relating to health services.

1	<input type="checkbox"/> Civilian	_____	_____	_____
	<input type="checkbox"/> Uniformed Services	POSITION	ORGANIZATION NAME	CITY AND STATE/PROVINCE
		_____	_____	
		LENGTH OF SERVICE	(FROM-TO: LIST MONTH/YEAR)	
2	<input type="checkbox"/> Civilian	_____	_____	_____
	<input type="checkbox"/> Uniformed Services	POSITION	ORGANIZATION NAME	CITY AND STATE/PROVINCE
		_____	_____	
		LENGTH OF SERVICE	(FROM-TO: LIST MONTH/YEAR)	
3	<input type="checkbox"/> Civilian	_____	_____	_____
	<input type="checkbox"/> 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	<input type="checkbox"/> Graduate	_____	_____
	<input type="checkbox"/> Undergraduate	SCHOOL NAME AND LOCATION	ATTENDED (FROM-TO: LIST MONTH/YEAR)
		_____	_____
		DEGREE OR DIPLOMA (ABBREV.)	MAJOR SUBJECT
2	<input type="checkbox"/> Graduate	_____	_____
	<input type="checkbox"/> Undergraduate	SCHOOL NAME AND LOCATION	ATTENDED (FROM-TO: LIST MONTH/YEAR)
		_____	_____
		DEGREE OR DIPLOMA (ABBREV.)	MAJOR SUBJECT
3	<input type="checkbox"/> Graduate	_____	_____
	<input type="checkbox"/> Undergraduate	SCHOOL NAME AND LOCATION	ATTENDED (FROM-TO: LIST MONTH/YEAR)
		_____	_____
		DEGREE OR DIPLOMA (ABBREV.)	MAJOR SUBJECT

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

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 Training	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 Physicians 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

QCI

- 0500-Quality Management
- 0501-Accreditation - JCAHO
- 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 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
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 the previous page.)

- 1st _____ 2nd _____ 3rd _____

11. Name and E-mail Address: _____

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 and complete and agree that if I am admitted as an affiliate of ACHE, I will abide by ACHE's *Bylaws*, *Code of Ethics*, and other rules and regulations (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. (My welcome materials will be mailed to me upon acceptance as a Faculty Associate.)

SIGNATURE

DATE

G Membership Dues

Annual Faculty Associate dues are \$115 (U.S. dollars).* Payment of dues is required with this completed application. The prorated dues payment schedule is as follows:

Month Applied	Amount Due
January-June	\$115
July-August	\$57.50
September-December	\$115 (Payment will cover next year's dues in full.)

Dues are billed in October for subsequent years.

***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.**

Method of Payment

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

\$

AMOUNT CHARGED

ACCOUNT NUMBER

EXP. DATE

 **Visa**

 **American Express**

 **MasterCard**

 **Discover**

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 once you have completed each requirement:

- 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 a full-time position with an appointment in a graduate or undergraduate program in health services administration.
- I have made a copy of this application 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

APFAC0409

ACHE
Benefits
You

you're invited to

join



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