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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.) |

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

* 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.

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