

# Membership *Application*



American College of  
Healthcare Executives  
*for leaders who care®*

Thank you for your interest in ACHE. **Please complete this application in its entirety.** A bachelor's degree from an accredited university and an interest in and commitment to the profession of healthcare management are required to join ACHE.

If you are sending in a hard copy application, it is required you mail in a check for security purposes.  
To pay via credit card, **apply online at [ache.org/Join](http://ache.org/Join).**

## Personal Information

|   |                               |   |         |
|---|-------------------------------|---|---------|
| FIRST   | MIDDLE                        | LAST  | SUFFIX  |
| DATE OF BIRTH (MM/DD/YY)  |                               | HOME ADDRESS  |         |
| CITY  | STATE/PROVINCE                | ZIP/POSTAL CODE   | COUNTRY |
| HOME PHONE  | FAX                           | HOME EMAIL ADDRESS  |         |
| <input type="checkbox"/> Female   | <input type="checkbox"/> Male | Preferred mailing and email address: <input type="checkbox"/> Business <b>or</b> <input type="checkbox"/> Home (Check one.) |         |
| <input type="checkbox"/> <b>Canadian Anti-Spam Law:</b> For those living or working in Canada, check this box if you want to receive email from ACHE. |                               |   |         |

## Current Position

|                                   |   |   |         |
|-----------------------------------|---|---|---------|
| <input type="checkbox"/> Civilian | <input type="checkbox"/> Uniformed Services | <input type="checkbox"/> Check here if this is a Veterans Affairs organization. |         |
| TITLE/RANK                        |   | START DATE (MM/DD/YY)   |         |
| ORGANIZATION NAME/BRANCH          |   |   |         |
| ADDRESS                           |   |   |         |
| CITY                              | STATE/PROVINCE                              | ZIP/POSTAL CODE   | COUNTRY |
| BUSINESS PHONE                    |   | BUSINESS EMAIL ADDRESS  |         |

## Occupational History

Excluding your current position, list your three most recent healthcare-related positions, including fellowships, residencies and each armed forces tour of duty. List from most to least recent.

|          |   |                   |                            |                         |
|----------|---|-------------------|----------------------------|-------------------------|
| <b>1</b> | <input type="checkbox"/> Civilian           | TITLE/RANK        | ORGANIZATION NAME/BRANCH   | CITY AND STATE/PROVINCE |
|          | <input type="checkbox"/> Uniformed Services | LENGTH OF SERVICE | (FROM-TO: LIST MONTH/YEAR) |                         |
| <b>2</b> | <input type="checkbox"/> Civilian           | TITLE/RANK        | ORGANIZATION NAME/BRANCH   | CITY AND STATE/PROVINCE |
|          | <input type="checkbox"/> Uniformed Services | LENGTH OF SERVICE | (FROM-TO: LIST MONTH/YEAR) |                         |
| <b>3</b> | <input type="checkbox"/> Civilian           | TITLE/RANK        | ORGANIZATION NAME/BRANCH   | CITY AND STATE/PROVINCE |
|          | <input type="checkbox"/> Uniformed Services | LENGTH OF SERVICE | (FROM-TO: LIST MONTH/YEAR) |                         |

• Indicate the start date of your first healthcare management position: \_\_\_\_\_  
START DATE (MM/DD/YY)

What influenced you to join ACHE?:  COLLEAGUE OR CO-WORKER  EMPLOYER  UNIVERSITY OR COLLEGE PROGRAM  PROFESSOR OR INSTRUCTOR  
 ATTENDED AN ACHE EDUCATIONAL PROGRAM  INTERNET BROWSING  FACHE CREDENTIAL  OTHER

Referred by a member? Be sure that member gets recognized—provide his or her details below:

|      |                          |                         |       |
|------|--------------------------|-------------------------|-------|
| NAME | ORGANIZATION NAME/BRANCH | CITY AND STATE/PROVINCE | EMAIL |
|------|--------------------------|-------------------------|-------|

## Education

List all academic degrees earned.

### UNDERGRADUATE

(Required)

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

DEGREE OR DIPLOMA (ABBREV.) MAJOR SUBJECT

### GRADUATE

(If Applicable)

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

DEGREE OR DIPLOMA (ABBREV.) MAJOR SUBJECT

### OTHER ADVANCED

DEGREE (Optional)

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

DEGREE OR DIPLOMA (ABBREV.) MAJOR SUBJECT

## Statement of Release and Agreement

If admitted as a Member of ACHE, I pledge to abide by ACHE's *Bylaws, Code of Ethics, Regulations* and other rules (which are available on [ache.org](http://ache.org)). I release ACHE and its agents from liability with respect to any evaluation of my fitness for membership or continued membership in ACHE.

SIGNATURE

DATE

## Membership Dues (U.S. Dollars)

ACHE full membership dues are \$345 annually (dues payments are nonrefundable and nontransferable). ACHE provides a graduated dues structure to ease the transition for those in the early stages of their membership. New Member dues are \$160 and are prorated based on the month you join.

**Prorated Dues Amount\*:** Please check the appropriate box below. (*Payment must be included with application.*)

| Month Applied           | January                  | February                 | March                    | April                    | May                      | June                     | July                     | August                   | September–December  |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Amount Due <sup>†</sup> | \$160                    | \$146.67                 | \$133.33                 | \$120.00                 | \$106.67                 | \$93.33                  | \$80                     | \$66.67                  | \$160 ( <i>Payment will cover next year's dues in full.</i> ) |
|                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      |

### Method of Payment\*\*:

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

\* 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.

\*\*Note: Check payment is required with hard copy applications. To pay with credit card, please apply online at [ache.org/Join](http://ache.org/Join).

<sup>†</sup> The portion of your dues attributable to lobbying, which ACHE estimates as 1 percent, 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.

## Choose Your Journal

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

*Journal of Healthcare Management*  
(Six times/year, concise research articles)

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

Digital versions of these publications are available at [ache.org/Publications](http://ache.org/Publications).

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 email when your membership has been approved.

Mail completed application with payment to: American College of Healthcare Executives  
3439 Eagle Way, Chicago, IL 60678-1034

Save time! Apply online at [ache.org/Join](http://ache.org/Join).

APMEMB0218

# 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 10 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 are the principal focus and the secondary focus (if any) 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 8)

## 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 hold any of the following: (Circle ALL numbers that apply)**

- MD or DO degree with a current license to practice medicine..... 1
- Registered Nurse license ..... 2
- Nursing home administrator license..... 3
- Other healthcare license (e.g., pharmacy, therapy, LPN, etc.)..... 4
- Law license ..... 5
- Certified Public Accounting license ..... 6
- I do not hold any of the above ..... 7

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

- Full time ..... 1
- Part-time ..... 2
- Adjunct ..... 3
- N/A (Not a faculty member) ..... 4

**7. Please indicate if you wish to be included in any of ACHE's special interest areas. (Circle ALL numbers that apply)**

- 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. Please indicate up to three areas in which you consider yourself an expert. This will be published in the online Member Directory. (Select from Areas of Expertise columns, which begin on previous page. If you do not want anything listed, leave the question blank.)**

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

**9. Please indicate your gender.**

- Male ..... 1
- Female ..... 2

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

(Circle ALL numbers that apply)

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

**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 members. (Circle ALL that apply)**

- Release Race/Ethnicity
- Release Gender
- Do Not Release

**Name:**

**Email Address:**