

## **Advancement to Fellow Application**

## **Benefits**

The designation of Fellow (FACHCA) represents the highest level of ACHCA membership.<sup>1</sup> Obtaining and maintaining the FACHCA distinction demonstrates the administrator's commitment to professionalism and dedication to leadership and service excellence. FACHCA is a mark of distinction that sets the administrator apart from his/her peers.

## Requirements

The general requirements for Advancement to Fellow in ACHCA are specified in *Article II, Section 3* of the ACHCA Bylaws:

- a. **Fellow** is the highest status that voting members can attain. An ACHCA Fellow is distinguished by professional achievements and service standards well above the ordinary demands of his or her position.
- b. A Fellow shall always meet the qualifications for active status as a Voting Member. Fellow status and any rights to insignia or other intellectual property related to Fellow status shall terminate automatically if the Fellow does not maintain status as a Voting Member.
- c. Further qualifications of the process for recognition as Fellow shall be as established by the Board or the Fellow Advancement Subcommittee and include:
  - i. The candidate must have been a voting member in good standing for at least two years immediately prior to the application.
  - ii. She/he must have completed at least four years of acceptable training beyond high school, or the equivalent at the discretion of the Board of Directors.
  - iii. She/he must give evidence of:
    - (a) Service beyond the ordinary demands of her/his position.
    - (b) Continued adherence to the criteria for membership.
  - iv. She/he must in all other respects meet the requirements prescribed by the Board of Directors.
  - v. She/he must obtain the required minimum number of points in the overall evaluation as required by the Board of Directors.

Requirements for advancement are nondiscriminatory in relation to age, gender, race, religion or national origin. Advancement to Fellow is open to all voting members who meet the following requirements:

- Acknowledge ACHCA's <u>Code of Ethics</u>.
- Two years of current, voting ACHCA membership.
- Accumulation of the minimum number of points in each section of this Advancement to Fellow application.
- Accumulation of a total of 165 points on this Advancement Application.
- Once attained, Fellow status is a designation that is kept for life <u>as long as</u> ACHCA voting membership or retired fellow membership is maintained.

<sup>&</sup>lt;sup>1</sup>A 2012 salary survey conducted by *ADVANCE* magazine (January/February 2012 issue) and the ACHCA showed that a Fellow of the ACHCA makes an average \$23,808 more per year than their administrator peers without ACHCA Fellow status.

| Personal Data  |  |                               |                     |                     |
|--|--|-------------------------------|---------------------|---------------------|
| NameLast Name  | First Name   | Mid                           | dle Initial         |                     |
| Exact Title of Present Position  |  |                               | are minar           |                     |
| Facility/Company   |  |                               |                     |                     |
| Business Address   |  |                               |                     |                     |
|  |  |                               |                     |                     |
| Business Phone   |  |                               |                     | <del></del>         |
| Home Address   |  |                               |                     |                     |
| Home Phone   | FAX  |                               |                     |                     |
| E-mail Address (required)  |  |                               |                     |                     |
| License Number(s), Type, and State(s)  |  |                               |                     |                     |
| ACHCA Member #   | Year Joined  |                               |                     |                     |
| I. Experience in Health Servic   | es Administration (8-40  | noints)                       | Applicant           | Committee           |
| <ul> <li>I. Experience in Health Services Administration (8-40 points)</li> <li>4 points per full year of service as an administrator or assistant administrator of a health care organization, a consultant, in long term health care, an officer in health care administration, or full-time instructor in long term health care administration.</li> <li>1 point per full year of service as a department head in an LTC health care organization</li> <li>1 point per quarter or semester as a part-time adjunct instructor in LTC health care administration</li> <li>Note: Although points can be achieved for the above practice categories, the applicant must currently qualify and be a voting ACHCA Member.</li> <li>Starting with present position, list experience below.</li> <li>Dates (Mo/Yr)</li> <li>Position</li> <li>Organization</li> <li>City/State</li> </ul>   |  | Use<br>Points:                | Use Only Points:    |                     |
|  |  |                               |                     |                     |
| II. Formal EducationDegree (  Award points in only one category.  Eight points for each year beyond high school Masters not related to health care administrat Masters reasonably related to health care administration Doctorate not related to health care administration Doctorate reasonably related to health care administration   | ol up to a baccalaureate degree tion 36 as a same same |                               | Points:             | Points:             |
| School Name and Location   | Degree Received  | Major Field                   |                     |                     |
| III. Continuing Education* (30-  1 point per five accredited continuing educe 3 points per full college or university seme   | ation and/or instructorship hours*   | CE hours $\_ \div 5 = $ x 3 = | CE Points:          | CE Points:          |
| Please provide a list of courses completed W dates and continuing education hours or a sta from NAB/NCRS, a provider of CE education of CE edu | te licensure board summary. * CE   | E hours are accepted          | Academic<br>Points: | Academic<br>Points: |
| provider of Continuing Education.  • *Please show the computation of points ac  • *Not inclusive of academic credit earned   |  | d in the above section        | Total Points:       | Total Points:       |

| IV. Professional Activity (30-74)  A. Health care professional associations to which you have belonged as an individual member or in which you currently function as the official representative of your facility over the past 5 years. (A professional association is one whose mission focuses on individual professionals; a provider or trade association is one whose mission focuses on the organization; this section focuses only on professional association affiliations)  • 2 points per year for ACHCA membership up to five years; 1 point per year per membership in other health care professional membership organizations (up to five years) | Applicant<br>Use<br>Points: | Committee<br>Use Only<br>Points: |
|--|-----------------------------|----------------------------------|
| B. Health care or related offices and/or committee assignments you have held over the past <i>five years</i> (health care associations, provider or trade associations, professional societies or health agencies.)  • 4 points per year ACHCA national or chapter level;  • 2 points per year served in other health care organizations, provider associations, National Quality or Culture Change Initiatives  **Association, Society or Agency** Office or Committee Assignments** Dates (Mo/Yr)  | Points:                     | Points:                          |
| <ul> <li>C. Guest lecturing, paper presentations or legislative testimony in the health care field within the last 5 years.</li> <li>2 points per event as a guest lecturer (only count the same lecture once)</li> <li>2 points per paper presentation or legislative testimony</li> </ul> Provide details on the group, college or university presented to, dates and the total number of CE hours lectured.   | Points:                     | Points:                          |
| <ul> <li>D. Published articles or books in health care administration or related area within the last 5 years. Posts to Internet blog sites or social media outlets (examples: LinkedIn, Facebook, Peer2Peer open forum on ACHCAConnect) are not eligible for submission.</li> <li>4 points per a published article in professional journals or White Papers</li> <li>12 points per published book</li> <li>Please provide bibliographical information.</li> </ul>   | Points:                     | Points:                          |
| E. Preceptor in AIT Program.  • 4 points per Administrator-in-Training preceptor served within the last 5 years.  List students and dates (Mo/Yr) of preceptorship.  | Points:                     | Points:                          |

| F. ACHCA National and Chapter business meetings — National ACHCA <u>Business Meetings</u> = 4 points (Business Meetings held at Annual Convocation, installation activities, and meetings where official ACHCA business is conducted, excluding educational activities); Chapter ACHCA <u>annual meetings</u> = 1 point (not duplicative of CE sessions claimed under section III) | Applicant<br>Use | Committee<br>Use Only |
|--|------------------|-----------------------|
| Type of ACHCA meeting Location Dates   | Points:          | Points:               |
| <ul> <li>G. Professional Certification</li> <li>4 points for ACHCA Nursing Home Certification (CNHA)</li> <li>4 points for ACHCA Assisted Living Certification (CALA)</li> <li>4 points for ACHCA Subacute Care Certification (no longer available for new certificants)</li> <li>3 points for NAB's Health Services Executive ™ credential (HSE)</li> </ul>                       | Points:          | Points:               |
| <ul> <li>H. Awards within the last five years</li> <li>4 points as the recipient of ACHCA Eli Pick Facility Leadership</li> <li>Recipient of AHCA/NCAL National Quality Award: 3 points for Gold, 2 points for Silver, and 1 point for Bronze</li> </ul>   |                  |                       |
| Type of Award  Date(s) Received  |                  |                       |
| I. Attendance at an International Symposium or National trade association conference (e.g., AHCA, Argentum, Leading Age) that focuses on post-acute and aging services healthcare. 1 point per meeting may be granted by the Committee; maximum of 4 points.   |                  |                       |
| Name of Conference/Symposium  Date(s) Attended   |                  |                       |
| J. Service on State Licensure Board  ● 1 point per year served  Board Served  Dates (Mo/Yr)  | Points:          | Points:               |
| K. Applicant was the administrator of record for at least three out of the past five years of a facility with  | Points:          | Points:               |
| Joint Commission accreditation yes no 4 points   |                  |                       |
| CARF accreditationyesno 4 points   |                  |                       |
| TOTAL POINTS FOR SECTION IV  | Total:           | Total:                |

| <ul> <li>V. Civic and Community Activity (12-18)  For the past 5 years, list: 1) Civic and community clubs in which you held membership. 2) Offices and committee assignments held for membership clubs or fundraising organizations. 3) Non-committee service activities.</li> <li>1 point per year for membership in a community-based association or civic club such as the PTA, Veterans group such as the VFW, or religious auxiliaries/clubs such as a church choir;</li> <li>1 point per year served on boards or committees of either membership associations or civic/community clubs, or fundraising organizations such as the Cancer Society or United Fund Appeal. (Committees might include: Finance, Development, Recruitment, etc.)</li> <li>1 point for each 10 hours of association, club, or fund volunteer activities, separate from Board/committee roles, such as serving as a scout leader, participating in a memory walk, participating in a soup kitchen, meals on wheels, serving as an usher at church, or participating in social events that raise awareness for</li> </ul> | Points:      | Points:      |  |  |  |  |
|--|--------------|--------------|--|--|--|--|
| that association/club/fund (up to a maximum of 12 points over 5 years).  Current membership Office/committee/service activity Dates (Mo/Yr)  |              |              |  |  |  |  |
| * * * * * * * * * * * * * * * * * * *  | Grand Total: | Grand Total: |  |  |  |  |
| This application for advancement is the confidential property of ACHCA and the undersigned. Through my signature below, I agree to allow ACHCA use of this information for bona fide purposes related to the goals and purposes of ACHCA as expressed through its Bylaws. Through my signature, I also attest to the accuracy of the information included in this Application. I acknowledge that submission of documentation is desired but optional and agree to provide supportive documentation if selected in an annual audit sample. I also acknowledge the ACHCA Code of Ethics included in this application.  Signature Date   |              |              |  |  |  |  |
| Please review the checklist on page 6 to ensure that you have completed all the requirements.  |              |              |  |  |  |  |
| Advancement to Fellow Committee Review Total Number of Points: Advancement to Fellow:  Recommended  Not Recommended due  | to:          |              |  |  |  |  |
| Evaluator: Date of Review  | ·:           |              |  |  |  |  |

| Ap        | plica           | tion Checklist  |                              |                         |                            |                  |
|-----------|-----------------|---|------------------------------|-------------------------|----------------------------|------------------|
|           | sheet           | plete the application in its entiremay be used to list items. Each ate point totals in the column of                                  | h section corresponds to     | a range of points th    | nat determine eligibility. |                  |
|           |                 |   | Minimum Allowa               | ble Points              | Maximum Allowa             | able Points      |
|           | I.              | Experience  | 8                            |                         | 40                         |                  |
|           | II.             | Formal Education*   | 32                           |                         | 48                         |                  |
|           | III.            | Continuing Education  | 30 (150 ho                   | urs)                    | 80 (400 ho                 | urs)             |
|           | IV.             | Professional Activity   | 30                           |                         | 74                         |                  |
|           | V.              | Civic and Community<br>Activities   | 12                           |                         | 18                         |                  |
|           |                 | may request a waiver of the f<br>55 point minimum requiremen  |                              |                         |                            | any of           |
|           | Appli<br>of all | naries of credits earned over the<br>cants are subject to an annual<br>items listed on the application<br>we and agree to the ACHCA C | 5% random audit. Those<br>n. |                         |                            |                  |
|           | 100110          | w und agree to the <u>rection c</u>   | ode of Edites.               |                         |                            |                  |
|           |                 | n your signed application with itted become the property of the   |                              |                         |                            | ow. All items    |
|           |                 | ncement applications must be divancement to Fellow, or if ad-   |                              |                         | bcommittee. Applicants     | will be notified |
|           |                 |   | Payment Ir                   | structions              |                            |                  |
|           |                 | The Advancement   | to Fellow Application        | n fee is \$250 (no      | n-refundable)              |                  |
| Attn: 101 | Advan<br>Conne  | ur completed application<br>acement to Fellow, ACHCA<br>acticut Avenue, NW Suite 450<br>application to professionalady                | Washington, DC 20036         |                         | = =                        |                  |
| Pay       | ment            | Options (check one)   |                              |                         |                            |                  |
|           | _ Che           | ck enclosed (Payable to ACI   | ICA)VISA _                   | AMEX                    | MASTERCARD                 | DISCOVER         |
| Cre       | dit Ca          | rd#   |                              | Exp. Date _             | CV                         | V                |
| Nar       | ne on           | Card  |                              | Signature:              |                            |                  |
| Bill      | _               | ddress for card: same as Home Address listed:   | d on Page 2?                 | Is the same as <b>B</b> | usiness Address listed of  | n Page 2?        |

Zip

State

Street

| Advancement to Fello | W |
|----------------------|---|
| Continuing Education | 1 |

| Name |  |
|------|--|
|      |  |

Please list courses completed **WITHIN THE LAST FIVE YEARS**, showing dates and classroom hours or a state licensure board summary. Divide the total number of CE hours by 5. Multiply the total number of academic credits by 3. Place totals on page 2, section III of this application. CE hours are accepted from NAB/NCRS, a provider of CE education approved by the state board or other professional providers of continuing education. **You may copy this form as needed.** 

| Date | CE Provider and Location | Seminar Name | Total<br>CE<br>Credit | Total<br>Academic<br>Credit |
|------|--------------------------|--------------|-----------------------|-----------------------------|
|      |                          |              |                       |                             |
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|      |                          |              |                       |                             |
|      |                          |              | Total credits =       | Total credits =             |
|      |                          |              | Credits/5 =           | Credits x 3 =               |