

Benefits

The designation of Fellow (FACHCA) represents the highest level of ACHCA membership.¹ 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 [Code of Ethics](#).
- 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 *as long as* ACHCA voting membership or retired fellow membership is maintained.

¹A 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

Name _____
Last Name
First Name
Middle Initial

Exact Title of Present Position _____

Facility/Company _____

Business Address _____

Business Phone _____ FAX _____

Home Address _____

Home Phone _____ FAX _____

E-mail Address (required) _____

License Number(s), Type, and State(s) _____

ACHCA Member # _____ Year Joined _____

I. Experience in Health Services Administration (8-40 points)

- 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.
- 1 point per full year of service as a department head in an LTC health care organization
- 1 point per quarter or semester as a part-time adjunct instructor in LTC health care administration

Note: Although points can be achieved for the above practice categories, the applicant must currently qualify and be a voting ACHCA Member.

Starting with present position, list experience below.

Dates (Mo/Yr)	Position	Organization	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Use

Points:

Committee Use Only

Points:

II. Formal Education--Degree Oriented (32-48 points)

Award points in only one category.

Eight points for each year beyond high school up to a baccalaureate degree	8-32
Masters not related to health care administration	36
Masters reasonably related to health care administration	38
Masters of Health Care Administration	40
Doctorate not related to health care administration	44
Doctorate reasonably related to health care administration	48

School Name and Location	Degree Received	Major Field
_____	_____	_____
_____	_____	_____
_____	_____	_____

Points:

Points:

III. Continuing Education* (30-80 points)

- 1 point per five accredited continuing education and/or instructorship hours* CE hours _ ÷ 5 =
- 3 points per full college or university semester credit College Credits ___ x 3 =

Please provide a list of courses completed WITHIN THE LAST FIVE YEARS on page 5, showing dates and continuing education hours or a state licensure board summary. * CE hours are accepted from NAB/NCRS, a provider of CE education approved by the state board, or another professional provider of Continuing Education.

- *Please show the computation of points achieved. (See CE Form on Page 5)
- *Not inclusive of academic credit earned as part of the academic degree noted in the above section

CE Points:

CE Points:

Academic Points:

Academic Points:

Total Points:

Total Points:

<p>IV. Professional Activity (30-74)</p> <p>A. Health care professional associations to which you have belonged as an <i>individual</i> 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 <i>individual</i> professionals; a provider or trade association is one whose mission focuses on the organization; <u>this section focuses only on professional association affiliations</u>)</p> <ul style="list-style-type: none"> • 2 points per year for ACHCA membership up to five years; 1 point per year per membership in other health care <i>professional</i> membership organizations (up to five years) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Applicant Use</p> <p>Points:</p>	<p>Committee Use Only</p> <p>Points:</p>
<p>B. Health care or related offices and/or committee assignments you have held over the past five years (health care associations, provider or trade associations, professional societies or health agencies.)</p> <ul style="list-style-type: none"> • 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 <p><i>Association, Society or Agency</i> <i>Office or Committee Assignments</i> <i>Dates (Mo/Yr)</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Points:</p>	<p>Points:</p>
<p>C. Guest lecturing, paper presentations or legislative testimony in the health care field <i>within the last 5 years</i>.</p> <ul style="list-style-type: none"> • 2 points per event as a guest lecturer (<u>only count the same lecture once</u>) • 2 points per paper presentation or legislative testimony <p>Provide details on the group, college or university presented to, dates and the total number of CE hours lectured.</p> <hr/> <hr/> <hr/> <hr/>	<p>Points:</p>	<p>Points:</p>
<p>D. Published articles or books in health care administration or related area <i>within the last 5 years</i>. Posts to Internet blog sites or social media outlets (examples: LinkedIn, Facebook, Peer2Peer open forum on ACHCAConnect) are not eligible for submission.</p> <ul style="list-style-type: none"> • 4 points per a published article in professional journals or White Papers • 12 points per published book <p><i>Please provide bibliographical information.</i></p> <hr/> <hr/> <hr/> <hr/>	<p>Points:</p>	<p>Points:</p>
<p>E. Preceptor in AIT Program.</p> <ul style="list-style-type: none"> • 4 points per Administrator-in-Training preceptor served <i>within the last 5 years</i>. <p><i>List students and dates (Mo/Yr) of preceptorship.</i></p> <hr/> <hr/> <hr/> <hr/>	<p>Points:</p>	<p>Points:</p>

<p>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)</p> <p><i>Type of ACHCA meeting</i> <i>Location</i> <i>Dates</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Applicant Use</p> <p>Points:</p>	<p>Committee Use Only</p> <p>Points:</p>
<p>G. Professional Certification</p> <ul style="list-style-type: none"> ● 4 points for ACHCA Nursing Home Certification (CNHA) ● 4 points for ACHCA Assisted Living Certification (CALA) ● 4 points for ACHCA Subacute Care Certification (no longer available for new certificants) ● 3 points for NAB’s Health Services Executive TM credential (HSE) 	<p>Points:</p>	<p>Points:</p>
<p>H. Awards <i>within the last five years</i></p> <ul style="list-style-type: none"> ● 4 points as the recipient of ACHCA Eli Pick Facility Leadership ● Recipient of AHCA/NCAL National Quality Award: 3 points for Gold, 2 points for Silver, and 1 point for Bronze <p><i>Type of Award</i> <i>Date(s) Received</i></p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>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.</p> <p><i>Name of Conference/Symposium</i> <i>Date(s) Attended</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>J. Service on State Licensure Board</p> <ul style="list-style-type: none"> ● 1 point per year served <p><i>Board Served</i> <i>Dates (Mo/Yr)</i></p> <p>_____</p> <p>_____</p>	<p>Points:</p>	<p>Points:</p>
<p>K. Applicant was the administrator of record for at least three out of the past five years of a facility with</p> <p>Joint Commission accreditation __ yes __ no 4 points</p> <p>CARF accreditation __ yes __ no 4 points</p>	<p>Points:</p>	<p>Points:</p>
<p>TOTAL POINTS FOR SECTION IV</p>	<p>Total:</p>	<p>Total:</p>

Application Checklist

- Complete the application in its entirety. Points will only be awarded for each item listed in detail. If necessary, a separate sheet may be used to list items. Each section corresponds to a range of points that determine eligibility. Be sure to indicate point totals in the column designated for applicant use. Below is the range for each section:

	Minimum Allowable Points	Maximum Allowable Points
I. Experience	8	40
II. Formal Education*	32	48
III. Continuing Education	30 (150 hours)	80 (400 hours)
IV. Professional Activity	30	74
V. Civic and Community Activities	12	18

*You may request a waiver of the formal education requirement. Please note that this does NOT waive any of the 165 point minimum requirements. Initial here if you request the waiver of formal education: _____

- Submit a list of earned continuing education hours including date, location and seminar name OR state licensure board summaries of credits earned over **the last five years** (Section III). Documentation of other items is not required. Applicants are subject to an annual 5% random audit. Those selected in the audit are required to submit documentation of all items listed on the application.
- Review and agree to the [ACHCA Code of Ethics](#).
- Return your signed application with a \$250 nonrefundable application fee to ACHCA at the address below. All items submitted become the property of the American College of Health Care Administrators.

All Advancement applications must be evaluated by the Advancement to Fellow Subcommittee. Applicants will be notified of their advancement to Fellow, or if additional requirements remain to be met.

Payment Instructions

The Advancement to Fellow Application fee is \$250 (non-refundable)

Return your completed application to:

Attn: Advancement to Fellow, ACHCA

1101 Connecticut Avenue, NW Suite 450 Washington, DC 20036 (*ACHCA will invoice for the application fee.) *or*

E-mail your application to professionaladvancement@achca.org, and securely fax your credit card information to (800) 561-3148

Payment Options (check one)

___ Check enclosed (Payable to ACHCA) ___ VISA ___ AMEX ___ MASTERCARD ___ DISCOVER

Credit Card# _____ Exp. Date _____ CVV _____

Name on Card _____ Signature: _____

Billing Address for card:

Is the same as **Home Address** listed on Page 2?

Is the same as **Business Address** listed on Page 2?

Other:

Street

State

Zip

***Advancement to Fellow
Continuing Education***

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 CE Credit	Total Academic Credit
			Total credits =	Total credits =
			Credits/5 =	Credits x 3 =