



## American College of Health Care Administrators Advancement to Fellow Application

---

### Benefits

The designation of Fellow (FACHCA) represents the highest level of ACHCA membership. 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. Obtaining and maintaining the FACHCA credential demonstrates the administrator's commitment to professionalism and dedication to leadership and service excellence. The Fellow credential 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/her position.
- b. A Fellow shall at all times 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 Professional Advancement Committee 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 each section, as well as, the 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 minimum number of points in each section of this Advancement 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.

Note: Any reference to a five (5) year period refers to *five years from the date of application submission*.

## 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 \_\_\_\_\_

<p><b>I. Experience in Health Services Administration (8-40 points)</b></p> <ul style="list-style-type: none"> <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 a LTC health care organization</li> <li>● 1 point per quarter or semester as part-time adjunct instructor in LTC health care administration</li> </ul> <p><i>Note: Although points can be achieved for the above practice categories, the applicant must currently qualify and be a voting ACHCA Member.</i></p> <p>Starting with present position, list experience below.</p> <table border="1"> <thead> <tr> <th>Dates (Mo/Yr)</th> <th>Position</th> <th>Organization</th> <th>City/State</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Dates (Mo/Yr)	Position	Organization	City/State	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p><b>Applicant Use</b></p> <p>Points:</p>	<p><b>Committee Use Only</b></p> <p>Points:</p>				
Dates (Mo/Yr)	Position	Organization	City/State																							
_____	_____	_____	_____																							
_____	_____	_____	_____																							
_____	_____	_____	_____																							
_____	_____	_____	_____																							
<p><b>II. Formal Education--Degree Oriented (32-48 points)</b></p> <p><i>Award points in one category only.</i></p> <table border="1"> <tbody> <tr> <td>Eight points for each year beyond high school up to a baccalaureate degree</td> <td>8-32</td> </tr> <tr> <td>Masters not related to health care administration</td> <td>36</td> </tr> <tr> <td>Masters reasonably related to health care administration</td> <td>38</td> </tr> <tr> <td>Masters of Health Care Administration</td> <td>40</td> </tr> <tr> <td>Doctorate not related to health care administration</td> <td>44</td> </tr> <tr> <td>Doctorate reasonably related to health care administration</td> <td>48</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>School Name and Location</th> <th>Degree Received</th> <th>Major Field</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	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	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Points:</p>	<p>Points:</p>
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																								
_____	_____	_____																								
_____	_____	_____																								
_____	_____	_____																								
<p><b>III. Continuing Education* (30-80 points)</b></p> <ul style="list-style-type: none"> <li>● 1 point per five accredited continuing education and/or instructorship hours* CE hours <math>\_ \div 5 =</math></li> <li>● 3 points per full college or university semester credit College Credits <math>\_ \times 3 =</math></li> </ul> <p>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/NCERS, a provider of CE education approved by the state board, or other professional provider of Continuing Education.</p> <ul style="list-style-type: none"> <li>● *Please show computation of points achieved. (See CE Form on Page 5)</li> <li>● *Not inclusive of academic credit earned as part of the academic degree noted in above section</li> </ul>	<p>CE Points:</p>	<p>CE Points:</p>																								
	<p>Academic Points:</p>	<p>Academic Points:</p>																								
	<p>Total Points:</p>	<p>Total Points:</p>																								

<p><b>IV. Professional Activity (30-74)</b></p> <p><b>A. Health care professional associations</b> to which you have belonged as an <i>individual</i> member or in which you currently function as official representative of your facility <i>over the past 5 years</i>. (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"> <li>• 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)</li> </ul> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p><b>Applicant Use</b></p> <p>Points:</p>	<p><b>Committee Use Only</b></p> <p>Points:</p>
<p><b>B. Health care or related offices and/or committee assignments you have held over the past five years</b> (health care associations, provider or trade associations, professional societies or health agencies.)</p> <ul style="list-style-type: none"> <li>• 4 points per year ACHCA national or chapter level;</li> <li>• 2 point per year served in other health care organizations, provider associations, National Quality or Culture Change Initiatives</li> </ul> <p><i>Association, Society or Agency                      Office or Committee Assignments                      Dates (Mo/Yr)</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Points:</p>	<p>Points:</p>
<p><b>C. Guest lecturing, paper presentations or legislative testimony</b> in the health care field <i>within last 5 years</i>.</p> <ul style="list-style-type: none"> <li>• 2 points per event as a guest lecturer (<u>only count the same lecture once</u>)</li> <li>• 2 points per paper presentation or legislative testimony</li> </ul> <p>Provide details on the group, college or university presented to, dates and total number of CE hours lectured.</p> <hr/> <hr/> <hr/> <hr/>	<p>Points:</p>	<p>Points:</p>
<p><b>D. Published articles or books</b> 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"> <li>• 4 points per published article in professional journals or White Papers</li> <li>• 12 points per published book</li> </ul> <p><i>Please provide bibliographical information.</i></p> <hr/> <hr/> <hr/> <hr/>	<p>Points:</p>	<p>Points:</p>
<p><b>E. Preceptor in A.I.T. Program.</b></p> <ul style="list-style-type: none"> <li>• 4 points per A.I.T. served <i>within the last 5 years</i>.</li> </ul> <p><i>List students and dates (Mo/Yr) of preceptorship.</i></p> <hr/> <hr/> <hr/> <hr/>	<p>Points:</p>	<p>Points:</p>

<p><b>F. ACHCA national and Chapter business meetings</b> — national ACHCA <u>Business Meetings</u> = 4 points (Business Meetings held at Annual Convocation, Winter Marketplace, or virtual meetings include Bylaws Forums, 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> <table> <thead> <tr> <th>Type of ACHCA meeting</th> <th>Location</th> <th>Dates</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type of ACHCA meeting	Location	Dates																<p><b>Applicant Use</b></p> <p>Points:</p>	<p><b>Committee Use Only</b></p> <p>Points:</p>
Type of ACHCA meeting	Location	Dates																		
<p><b>G. ACHCA Professional Certification</b></p> <ul style="list-style-type: none"> <li>● 4 points for ACHCA Nursing Home Certification</li> <li>● 4 points for ACHCA Assisted Living Certification</li> <li>● 4 points for ACHCA Subacute Care Certification (no longer available for new certificants)</li> </ul>	<p>Points:</p>	<p>Points:</p>																		
<p><b>H. Service on State Licensure Board</b></p> <ul style="list-style-type: none"> <li>● 1 point per year served</li> </ul> <table> <thead> <tr> <th>Board Served</th> <th>Dates (Mo/Yr)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Board Served	Dates (Mo/Yr)					<p>Points:</p>	<p>Points:</p>												
Board Served	Dates (Mo/Yr)																			
<p><b>I. Applicant was the administrator of record for at least three out of the past five years of a facility with:</b></p> <table> <tr> <td>Joint Commission accreditation</td> <td>4 points</td> <td><input type="checkbox"/> yes</td> <td><input type="checkbox"/> no</td> </tr> <tr> <td>CARF accreditation</td> <td>4 points</td> <td><input type="checkbox"/> yes</td> <td><input type="checkbox"/> no</td> </tr> </table>	Joint Commission accreditation	4 points	<input type="checkbox"/> yes	<input type="checkbox"/> no	CARF accreditation	4 points	<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>Points:</p>	<p>Points:</p>										
Joint Commission accreditation	4 points	<input type="checkbox"/> yes	<input type="checkbox"/> no																	
CARF accreditation	4 points	<input type="checkbox"/> yes	<input type="checkbox"/> no																	
<p><b>TOTAL POINTS FOR SECTION IV</b></p>	<p>Total:</p>	<p>Total:</p>																		
<p><b>V. Civic and Community Activity (12-18)</b></p> <p><i>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 fund raising organizations. 3) Non-committee service activities.</i></p> <ul style="list-style-type: none"> <li>● 1 point per year for a <u>membership</u> 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 <u>boards</u> or <u>committees</u> 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 <u>activities</u>, <u>separate from Board/committee roles</u>, 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 that association/club/fund (up to a maximum of 12 points over 5 years).</li> </ul> <table> <thead> <tr> <th>Current membership</th> <th>Office/committee/service activity</th> <th>Dates (Mo/Yr)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Current membership	Office/committee/service activity	Dates (Mo/Yr)										<p>Points:</p>	<p>Points:</p>						
Current membership	Office/committee/service activity	Dates (Mo/Yr)																		
<p style="text-align: center;">*   *   *   *   *   *   *   *   *</p>	<p>Grand Total:</p>	<p>Grand Total:</p>																		
<p><i>This application for advancement is 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 on 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.</i></p> <p>Signature _____ Date _____</p>			<p><b>Please review the checklist on page 6 to insure that you have completed all requirements.</b></p>																	

# 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/NCERS, 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
			<b>Total credits =</b>	<b>Total credits =</b>
			<b>Credits/5 =</b>	<b>Credits x 3 =</b>

### Application Checklist

- Complete the application in its entirety.** Points will only be awarded for each item listed in detail. If necessary, place additional information in a Word doc or Excel worksheet. Each section corresponds to a range of points which 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.
- Return your signed application with a **\$250 nonrefundable application fee** to ACHCA at the address below. All items submitted become property of the American College of Health Care Administrators.

**All Advancement Applications must be evaluated by the Professional Advancement Committee. Applicants will be notified of their advancement to Fellow, or if additional requirements remain to be met.**

	<b>Payment Instructions</b>	
<p><b>Return your completed application, to:</b> membership@achca.org or  <b>mail application to:</b> Attn: Advancement to Fellow, ACHCA                  P.O Box 75060                  Baltimore, MD 21275-5060</p> <p><i>or</i></p> <p>Fax with credit card information to (866) 874-1585, along with the application fee.</p> <p><b>If you wish to receive an invoice for the application fee, send e-mail to membership@achca.org.</b></p>		

**Application Fee: \$250.00 (Non-Refundable)**

**Payment Options (check one)**

\_\_\_\_\_ Check enclosed (Payable to ACHCA)    \_\_\_\_\_ AMEX    \_\_\_\_\_ MASTERCARD    \_\_\_\_\_ VISA

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

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 \_\_\_\_\_

## Code of Ethics



**PREAMBLE:** The preservation of the highest standards of integrity and ethical principles is vital to the successful discharge of the professional responsibilities of all long-term health care administrators. This Code of Ethics has been promulgated by the American College of Health Care Administrators (ACHCA) in an effort to stress the fundamental rules considered essential to this basic purpose. It shall be the obligation of members to seek to avoid not only conduct specifically proscribed by the code, but also conduct that is inconsistent with its spirit and purpose. Failure to specify any particular responsibility or practice in this Code of Ethics should not be construed as denial of the existence of other responsibilities or practices. Recognizing that the ultimate responsibility for applying standards and ethics falls upon the individual, the ACHCA establishes the following Code of Ethics to make clear its expectation of the membership.

### *Expectation I*

Individuals shall hold paramount the welfare of persons for whom care is provided.

**PRESCRIPTIONS:** The Health Care Administrator shall:

- Strive to provide to all those entrusted to his or her care the highest quality of appropriate services possible in light of resources or other constraints.
- Operate the facility consistent with laws, regulations, and standards of practice recognized in the field of health care administration.
- Consistent with law and professional standards, protect the confidentiality of information regarding individual recipients of care.
- Perform administrative duties with the personal integrity that will earn the confidence, trust, and respect of the general public.
- Take appropriate steps to avoid discrimination on basis of race, color, religion, sex, pregnancy, sexual orientation, citizenship status, national origin, age, physical or mental disability, past, present or future status in the U.S. uniformed services, genetics or any other characteristic protected under applicable law.

**PROSCRIPTION:** The Health Care Administrator shall not:

- Disclose professional or personal information regarding recipients of service to unauthorized personnel unless required by law or to protect the public welfare.

### *Expectation II*

Individuals shall maintain high standards of professional competence and personal conduct.

**PRESCRIPTIONS:** The Health Care Administrator shall:

- Possess and maintain the competencies necessary to effectively perform his or her responsibilities.
- Practice administration in accordance with capabilities and proficiencies and, when appropriate, seek counsel from qualified others.
- Actively strive to enhance knowledge and expertise in long-term care administration through continuing education and professional development.
- Demonstrate conduct that is in the best interest of the profession.

**PROSCRIPTIONS:** The Health Care Administrator shall not:

- Misrepresent qualifications, education, experience, or affiliations.
- Provide services other than those for which he or she is prepared and qualified to perform.
- Conduct themselves in a manner detrimental to the best interest of the profession.

### *Expectation III*

Individuals shall strive, in all matters relating to their professional functions, to maintain a professional posture that places paramount the interests of the facility and its residents.

**PRESCRIPTIONS:** The Health Care Administrator shall:

- Avoid partisanship and provide a forum for the fair resolution of any disputes which may arise in service delivery or facility management.
- Disclose to the governing body or other authority as may be appropriate, any actual or potential circumstance concerning him or her that might reasonably be thought to create a conflict of interest or have a substantial adverse impact on the facility or its residents.

**PROSCRIPTION:** The Health Care Administrator shall not:

- Participate in activities that reasonably may be thought to create a conflict of interest or have the potential to have a substantial adverse impact on the facility or its residents.

### *Expectation IV*

Individuals shall honor their responsibilities to the public, their profession, and their relationships with colleagues and members of related professions.

**PRESCRIPTIONS:** The Health Care Administrator shall:

- Foster increased knowledge within the profession of health care administration and support research efforts toward this end.
- Participate with others in the community to plan for and provide a full range of health care services.
- Share areas of expertise with colleagues, students, and the general public to increase awareness and promote understanding of health care in general and the profession in particular.
- Inform the ACHCA Standards and Ethics Committee of actual or potential violations of this Code of Ethics, and fully cooperate with ACHCA's sanctioned inquiries into matters of professional conduct related to this Code of Ethics.

**PROSCRIPTION:** The Health Care Administrator shall not:

- Defend, support, or ignore unethical conduct perpetrated by colleagues, peers or students.

**The administrator of this facility is a member of the  
American College of Health Care Administrators**