



Fellow Emeritus Application/Nomination Form

Fellow Emeritus status is a lifetime award and may be conferred by the Board of Directors on an individual who is retiring from active participation in the field of health care, has attained the status of Fellow of ACHCA, and has rendered distinguished service to the profession and ACHCA. Fellows Emeritus shall pay no dues and shall have all rights and privileges of Full members.

Candidates must:

- Be an ACHCA Fellow in good standing with 20 years of ACHCA membership
- Have a long and distinguished record of service to ACHCA and its chapters
- Have retired from administrative active practice

Fellow Emeritus is a distinction and not an entitlement. A Fellow Emeritus:

- Is entitled to all the benefits of full membership, including the right to vote
- Shall pay no national or chapter dues
- May serve on committees and may perform such other services as are in keeping with their desires and with the needs of ACHCA

Salutation: ___Dr. ___Mr. ___Ms. ___Sr. ___Rev. ___Br.

Last Name _____ First Name _____ Middle _____

Home Street Address _____

City _____ State _____ Zip _____

Phone __ (____) _____ Email _____

Please complete, sign and date the affidavit below.

Affidavit

I hereby attest that: (If nominating another, please ask the nominee to complete.)

- | | | |
|---------------------------------|-----------------------------------|--|
| <input type="checkbox"/> I have | <input type="checkbox"/> have not | I have been a member of ACHCA for a minimum of 20 years. |
| <input type="checkbox"/> I have | <input type="checkbox"/> have not | retired from the practice of long term care and/or assisted living administration and have no official responsibility for managing, consulting or working in a long term care/assisted living setting covered by ACHCA certification programs. |
| <input type="checkbox"/> I will | <input type="checkbox"/> will not | notify ACHCA immediately if I resume any official responsibilities as a long term care /assisted living administrator. |
| <input type="checkbox"/> I will | <input type="checkbox"/> will not | complete the ACHCA demographics page every five years and notify ACHCA of any changes in my address, telephone or email as they occur. |

Signature _____

Date _____

Please attach a description of your service to ACHCA and long term care during your career.

Return this form and attachment to ACHCA: Fax 866-874-1585 or email to professionaladvancement@achca.org (attach a scanned signed copy of the form). Or, **if unable to send the form electronically**, mail it to: 1101 Connecticut Avenue, NW Suite 450, Washington, DC 20036