ACHCA
American College of Health Care Administrators

MEMBERSHIP APPLICATION

Member Profile **(*Required information)**

__Dr. __ Mr. __Ms. __ Mrs. __ Sr. __Rev. __Other

***Name:**

***Primary E-mail:**

Secondary E-mail:

Job Title:

Credentials:

***Facility/Company:**

National Provider Identification Number (NPI):

***Home Address:**

***City/State/Zip:**

Home Phone:

Mobile:

***Parent Corporation Name:**

Number of Sites: Total Beds:

Business Address:

City/State/Zip:

Business Phone:

Fax:

***Preferred Mailing Address:** ___ Home ___ Office

***How did you hear about ACHCA?**

___ Current Member: _____

___ Friend/Colleague ___ ACHCA website ___ NAB
___ Facebook/LinkedIn/Twitter ___ E-mail promotion
___ LTC publication ___ Other_____

***Designate your Primary Chapter**: _____
(visit achca.org/chapters for listing of active chapters)

Administrative Role(s):

Check all that apply to your role:

- ❑ Academic
- ❑ Administrator (current)
- ❑ Administrator (retired)
- ❑ Administrator-in-Training
- ❑ Assistant Administrator
- ❑ CEO/COO/President
- ❑ Consultant
- ❑ Dept. Head/Manager
- ❑ Director of Nursing
- ❑ Executive Director
- ❑ Product/Service Provider
- ❑ Vice President/Director
- ❑ Owner
- ❑ Other _____

Administrator Experience

NH Administration: ___0 years or NA ___ < 5 years ___ 6-10 years

___ 11-15 years ___16-20 years ___21-25 years ___ >25 years

AL Administration: ___0 years or NA ___ < 5 years ___ 6-10 years

___ 11-15 years ___16-20 years ___21-25 years ___ >25 years

Current License

Date originally licensed:

State:_____ Number:_____ Type:_____

State:_____ Number:_____ Type:_____

State:_____ Number:_____ Type:_____

Profit Status of your facility:

- ❑ Private/For Profit
- ❑ Public/For Profit
- ❑ Not For Profit
- ❑ Government
- ❑ Other _____

Facility Size:

- ❑ Up to 10 beds
- ❑ 11-25 beds
- ❑ 26-50 beds
- ❑ 51-100 beds
- ❑ 101-200 beds
- ❑ 200 or greater beds
- ❑ Other _____

Is your organization:

- ❑ Management group
- ❑ Hospital-based
- ❑ Independent Ownership
- ❑ Community Ownership
- ❑ Corporately Owned
  - ❑ National Corporation
  - ❑ Regional Corporation
  - ❑ Local Corporation
- ❑ Integrated delivery system
- ❑ University/Academia
- ❑ Other_____

Programs (check all that apply):

- ❑ Adult Day Care
- ❑ AIDS
- ❑ Alzheimer's/Dementia
- ❑ Assisted Living
- ❑ Consulting
- ❑ CCRC
- ❑ Geriatric center/ Senior center
- ❑ Home health
- ❑ Hospice
- ❑ ICF/MR/DD
- ❑ Independent Living/Senior Housing
- ❑ Long-Term Acute Care Hospital (LTACH)
- ❑ Skilled Nursing Facility (SNF)
  (check all that apply)
  - □ Complex medical/subacute
  - □ Neurological/Head Trauma
  - □ Pediatric
  - □ Rehabilitation
  - □ Ventilator or Pulmonary
  - □ Wound care
  - □ Other _____

# of clients your organization cares for daily: _____

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Education:

(Check highest level attained)

- ❑ Doctoral degree
- ❑ Physician
- ❑ Master's degree
- ❑ Some graduate work
- ❑ Bachelor's degree
- ❑ Associate degree
- ❑ Diploma in nursing
- ❑ High School Diploma

Clinical Background:

- ❑ LPN/LVN
- ❑ Registered Nurse
- ❑ Rehabilitation Therapist
- ❑ Social Worker
- ❑ Other _____

PRIVACY DISCLOSURE: At ACHCA, we take every precaution to protect your information. We will always respect your email and phone number privacy and will never sell, rent or exchange it to any outside company.

Communication Options (Required)

On occasion, ACHCA may make its mailing list available to organizations whose products or messages we feel may be of interest to our members. Do you wish to be included in such mailings? Opt-in_____ Opt-out _____

Has any licensure board taken **any action** on any of your licenses? ❑ Yes ❑ No

If yes, please explain:

By submission of this membership application, I attest that the information I have provided is true, accurate, and complete. I have not been charged with an ethics violation or convicted of a crime. In addition, I have read and will adhere to the ACHCA Code of Ethics (https://achca.org/index.php/about-achca).

Membership Categories

Voting Memberships	National Dues
Professional Those persons who are professionally qualified by licensure, certification, education, and/or experience, to serve as executives or academics in long term care administration, and who are accountable for ensuring that quality of care is provided in long term care, residential care, and/or post-acute care setting(s).	$310
Emerging Professional Early career professionals: Those persons who are professionally qualified by licensure, certification, education, and/or experience, **less than 2 years**, to serve as executives or academics in long term care administration, and who are accountable for ensuring that quality of care is provided in long term care, residential care, and/or post-acute care setting(s).	$205
Non-voting Memberships	**National Dues**
Administrator in Training (AIT) Individuals actively enrolled in an AIT internship, or program, in long term care administration and do not meet the qualifications established for Voting Members.	$45

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Business Affiliate

$250

Small business owners/entreprenuers seeking to connect with leaders in the post-acute and aging services profession, who are committed to the mission of ACHCA and whose connection to ACHCA may enhance business connections and increase brand awareness. This membership is ideal as a first step before considering the Partnership Program.

Payment Information

Dues:

$_____ Dues from above (Primary Chapter Dues are included)
$_____ Additional Chapter Dues ($30.00 per additional chapter); Name of additional chapter(s): $_____ Total Remitted

_____ I have enclosed a check payable to ACHCA. Check # _____

MAIL application & check payment to:

ACHCA Membership
PO Box 715060, Philadelphia, PA 19171-5060

Once you have everything complete and ready to go, you can submit your ACHCA membership application by e-mail (membership@achca.org), or send credit card payment by secure fax (800-561-3148).

Paying by credit card:

Please charge my: ___American Express ___MasterCard ___Visa ___Discover

Account Number: _____Expiration Date: _____ Security Code: _____

Name of Cardholder: _____

Signature of Cardholder:

Payment Processing Disclosure: **Memberships are non-refundable.** Please note that should this charge be disputed by you or any agent acting in your behalf, a service fee not to exceed 5% of the original charge amount may be incurred. Charges are processed through our merchant services provider, PayPal. The item may appear on your statement as PAYPAL ACHCA or PURCHASE AMERICANCOL.

Questions? Contact: membership@achca.org or (800) 561-3148, ext. 703

Thank you for submitting your application. We look forward to having you share the ACHCA Experience with us!