

APPLICATION PROCESS

STEP 1 On-line submission

- Complete all sections of the Application, scan to ahe@aha.org
- Complete the Self-Assessment, scan to ahe@aha.org
- Submit a recent high-resolution digital photograph (jpg or tif file). Please forward the photo to ahe@aha.org **A professional setting is preferred and you must be alone in the photo.**
- Confirm with Erin Horng at ehorn@aha.org or at 312-422-3864 that your entire submission has been received on or before the deadline.
- AHE Nominating Committee will review your application, if your application is accepted after Step 1 has been completed, a panel interview will be scheduled with the Nominating Committee.

STEP 2 Phone Interview

- If selected, you will be contacted for a phone interview with the Nominating Committee.

IMPORTANT: All materials must be submitted at the same time ***Late or Incomplete submissions absolutely will not be accepted.***

SUBMISSION DEADLINE: Thursday, July 26, 2018 at 6:30 PM CDT

Questions? Please contact:
ErinHorng
Operations Specialist
312-422-3864
ehorn@aha.org

Thank you for your commitment to AHE and the profession!

2019 – 2021 Board Application

Position applying for	At- Large				
Membership ID #					
Name					
Designations					
Title					
Facility					
Address					
City		State		Zip Code	
Phone Number			Fax Number		
E-mail					

Educational Background (include degrees, licenses, certification, credentials)

Healthcare Experience in Environmental Services

Manager/Director Experience Outside of Environmental Services

List Any AHE Committee Participation

List Any Outside Committee Participation

References

Please provide **AT LEAST THREE (3)** references that **INCLUDE** chairpersons of AHE committees, professionals from other organizations, and/or any hospital committees on which you served. Current AHE board members and staff may not be used as a reference.

Name				
Address				
City		State		Zip Code
Phone				
E-mail				

Name				
Address				
City		State		Zip Code
Phone				
E-mail				

Name				
Address				
City		State		Zip Code
Phone				
E-mail				

Consent Form

MUST BE COMPLETED BY THE APPLICANT'S MANAGER

I have read the responsibilities required of the position and offer my full support to (name of board applicant)

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in running for office and will allow him/her the necessary time to carry out these duties.

Manager's Name			
Manager's Job Title			
Manager's Phone Number			
Manager's E-mail Address			
Manager's Signature		Date	

TO BE COMPLETED BY THE CANDIDATE

I have read and understand all the requirements for serving as an AHE Board member and pledge my full commitment in fulfilling these duties should I be selected by the nominating committee.

Candidate Consent Agreement

If I am selected by the AHE Nominating Committee: I,

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hereby consent and agree to have my name and biographical information placed in nomination for the term years 2019-2021 and if selected agree my name and likeness can be placed on the AHE website announcement and other communications as deemed appropriate by the Committee.

I commit to fulfilling the responsibilities and commitments of a Board member to the best of my ability as outlined in the position description and as required by the Bylaws.

Candidate's Name			
Candidate's Signature			
Date			