

Fellow Program Application



Fellow

1. A CHESP member may apply for the FAHE designation three years from the date in which they received their certification.
2. All certification points must have been earned since the date of receiving CHESP status.
3. A minimum of 40 certification points must be earned for all Fellows.
 - Continuing Education – 6 points minimum required
 - Work Experience – 4 points minimum required
 - Professional Activities – 5 points minimum required
 - 2-6 points for contributions to AHE and Environmental Services
 - 1-4 points for Healthcare Activities or Community Involvement Activities
4. Applicants must submit an original, unpublished paper on a current aspect of environmental services. A topic summary and outline must be submitted for approval along with the application. The AHE Fellow Review Committee will review and accept the paper prior to granting applicant FAHE status.
5. An application fee of \$50.00 must be submitted at the time of application.

Instructions

1. The entire application must be complete, including a topic summary and outline for the written paper and all supporting documentation where necessary. The Fellow Review Committee may request additional documentation at a later date.
2. Application fees are required and must be submitted along with a copy of the completed Fellow Application in order for the application to be processed. Fees cover the cost of maintaining the program. The application fee is \$50.00, non refundable, for the Fellow program. Payment may be made via check or credit card. **Do not email credit card information.** Applications with credit card payments can be sent to our secure fax at 312-422-3609. Check payments can be mailed to:
AHE
Attn: Fellow Program
PO Box 75315
Chicago, IL 60675
3. Fellow Applications and published papers may be submitted to AHE via email at ahf@aha.org provided that payment is sent via fax or mail. All payments and supporting documentation must be faxed or mailed with a copy of the completed application.
4. AHE will confirm receipt of Fellow Application to applicant via the email address provided within the application.
5. Fellow recognition occurs twice per year, in January and June. Once all requirements are met, the Review Committee submits recommendations to the AHE board of directors for final approval. **To be recognized at the Conference for that year, final papers must be submitted by June 1st.**

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ASSOCIATION FOR THE
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Certification Points

I. Continuing Education

All seminars must be a full day. Proof-of-attendance documentation is required with the Fellow Application. Programs do not need to be AHE sponsored to qualify. Company or facility sponsored programs may qualify.

| Type | Fellows points minimum |
|--------------------------------------|------------------------|
| AHE's Annual Conference & Exhibition | 4 points per year |
| AHE Seminars or Regional Programs | 1 point per day |
| Other Full-day Healthcare Programs | 1 point per day |

II. Work Experience

Required.

| Type | Fellows points minimum |
|--|------------------------|
| Director or Manager of Environmental Services in a healthcare organization | 4 points per year |
| A non-managerial role in Environmental Services in a healthcare organization | 3 points per year |
| Director or Manager in an industry other than healthcare | 2 points per year |

III. Professional Activities

Professional activities are characterized as contributions to AHE (national and/or affiliated chapters), Environmental Services, hospital performance, and the community.

AHE and Environmental Services Activities

| Type | Fellows points minimum |
|---|------------------------|
| AHE Board Member or Officer | 4 points per year |
| AHE Committee Member (non-Board) | 3 points per year |
| AHE Affiliated Chapter Board Member | 2 points per year |
| AHE Affiliated Chapter Officer or Chapter Committee Member | 1 points per year |
| Published Article in National or Regional Journal | 3 points per article |
| Published Article in AHE, Chapter, Faculty, or Company Publication | 2 points per article |
| Faculty at AHE Program | 4 points per program |
| Faculty at Chapter, Faculty, or Company Program (outline required for documentation) | 3 points per program |
| Faculty at Other National Professional Group Program (outline required for documentation) | 2 points per program |

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Healthcare Activities and Community Involvement Activities

NOTE: A short narrative describing your involvement in healthcare activities or community involvement activities will be required with the Fellow Application.

| Type | Fellows points minimum |
|---|------------------------|
| Active involvement on hospital committees | 1 point per year |
| Joint activity with another hospital or healthcare organization | 1 point per year |
| Community involvement | 1 point per year |

IV. Written Papers

An original unpublished paper dealing with a relevant aspect of environmental services must be submitted in order to achieve Fellow status. A topic summary and outline must be submitted along with the Fellow Application for review and approval by AHE's Fellow Review Committee. AHE will notify the applicant upon the Committee's approval of the topic summary and outline. Fellow Review Committee members serve as one-on-one mentors to all Fellow applicants to assist as needed.

The final paper must be submitted to AHE and will be reviewed by the Fellow Review Committee on the quality and the relevance of the paper to the industry. Papers will be judged as acceptable or not acceptable. If a paper is deemed not acceptable, the applicant will be informed of the reason for the Committee's decision and may be allowed to submit a revised paper.

Papers should describe a new, relevant, cost-effective, innovative, or practical approach or experience in environmental services (i.e. developing a new procedure in order to solve a problem, trying a different management approach, etc.). Components for submittals include: title page, abstract, subject matter, paper length, bibliography, and must be written in APA format (see Fellow Paper Guidelines available on AHE website). AHE reserves the right to publish and post accepted papers to its website. If published, credit will be given to the author.

| Type | Fellows |
|--|----------|
| Acceptance of a Written Paper - A topic summary and outline must be submitted in advance of the paper. | Required |

Fellow Program Application



Complete and return the remaining pages of the Fellow Application to AHE.

Contact Information

| | | |
|---|--------|------------------------|
| Name: (print or type as it is to appear on the award certificate) | | Years in AHE: |
| Organization: | | Years at Organization: |
| Email: | Phone: | |
| Work Address: | | |
| City: | State: | Zip: |
| Home Address: | | |
| City: | State: | Zip: |

Fellow Designations

| | |
|--|------|
| Year CHESP was attained: | |
| Notify me of my Fellow status via regular mail to (check one): <input type="checkbox"/> Work Address <input type="checkbox"/> Home Address | |
| Name and Title of CEO that AHE Should Notify if FAHE is Achieved: | |
| | |
| Address: | |
| | |
| City, State: | Zip: |

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Certification Points

I. Continuing Education

Fellows require 6 points minimum and must have attended programs listed since attaining their CHESP.

A. AHE's Annual Conference & Exhibition

| <u>Location</u> | <u>Year</u> |
|----------------------------|-------------|
| 1. _____ | |
| 2. _____ | |
| Total Points: _____ | |

B. AHE Seminars or Regional Programs

| <u>Program Title</u> | <u>Location</u> | <u>Date(s)</u> |
|----------------------------|-----------------|----------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| Total Points: _____ | | |

C. Other Full-day Healthcare Programs

| <u>Title</u> | <u>Program Sponsor</u> | <u>Date(s)</u> |
|----------------------------|------------------------|----------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| Total Points: _____ | | |

II. Work Experience

Fellows require a minimum of 4 points for work experience. Please list employment experience with most recent position first. Number of years will account for total points earned.

| | | | |
|------------------------------|--------|------------------------|--|
| Title: | | Years at Organization: | |
| Organization: | | Phone: | |
| Address: | | | |
| City: | State: | Zip: | |
| Supervisor's Name and Title: | | | |

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| | | | |
|------------------------------|--------|------------------------|--|
| Title: | | Years at Organization: | |
| Organization: | | Phone: | |
| Address: | | | |
| City: | State: | Zip: | |
| Supervisor's Name and Title: | | | |

| | | | |
|------------------------------|--------|------------------------|--|
| Title: | | Years at Organization: | |
| Organization: | | Phone: | |
| Address: | | | |
| City: | State: | Zip: | |
| Supervisor's Name and Title: | | | |

III. Professional Activities

Fellows require a minimum of 5 points for professional activities: 2-6 points for AHE and Environmental Services Activities and 1-4 points for Healthcare Related Activities and Community Activities.

NOTE: If receiving points for an affiliated chapter activity, please identify the Chapter Name. If receiving points for participating as a faculty member, presenter, or author of a publication, please submit supporting documentation.

| | <u>Activity</u> | <u>Date(s)</u> | <u>Points</u> |
|----|-----------------|----------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

Healthcare Activity or Community Involvement Activity Description (50 words or less)

| |
|--|
| |
| |
| |
| |

Total Points: _____

Fellow Program Application



IV. Written Paper

All Fellow applicants must submit a topic summary and outline in advance of submitting a paper. Once approved, applicants must submit the final paper for acceptance by the AHE Fellow Review Committee.

Papers must be original, unpublished papers dealing with a relevant aspect of environmental services and must be submitted in accordance with the “Fellow Paper Guidelines” (available on AHE’s website).

I promise that all of the information provided within the Fellow Program Application is true to the best of my knowledge. AHE may contact me for additional documentation or information at a later date if necessary.

Name (please print): _____

Signature: _____ **Date:** _____

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Payment Information

| | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Check Payable to "AHE" enclosed | | |
| <input type="checkbox"/> Visa AMEX | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Card Number |
| Name As It Appears On Credit Card | | Expiration Date |
| Cardholder's Signature | | |

Do not email credit card information – fax to 312-422-3609 or mail to AHE Attn: Fellow Program PO Box 75315 Chicago, IL 60675