



APPLICATION PROCESS

STEP 1: On-line submission

- Complete all sections of the Application, References and Consent Form and scan to ahe@aha.org.
- Complete the Self-Assessment, scan to ahe@aha.org
- Submit a recent high-resolution digital photograph (jpg, png, 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 ehorng@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, June 13, 2020 at 6:30 PM CDT

Questions? Please contact:

Erin Horng, CSM
Operations Specialist
312-422-3864
ehorng@aha.org

Thank you for your commitment to AHE and the profession!



2021 - 2023 Board Application

Position applying for:	At- Large:	Industry Liaison:			
Membership ID:					
Name:					
Designations:					
Title:					
Facility:					
Address:					
City:		State:		Zip Code:	
Phone 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 or Task Force Participation:

List Any Outside Committee Participation:



References

Please provide AT LEAST THREE (3) references that INCLUDE chairpersons of AHE committees/task-forces, 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)

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,

hereby consent and agree to agree to have my name and biographical information placed in nomination for the term years 2021-2023 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 Charter.

Candidate's Name:			
Candidate's Signature:			
Date:			