



AHE Fellow Application

Complete and return to ahe@aha.org

Contact Information

Name:		Years of membership with AHE:	
Date of CHESP certification:		Years at Organization:	
Organization:			
Title:			
Email:		Phone:	
Address:			
City:		State:	Zip:

Certification Points

Work Experience

Total Points:

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:			

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:			

Continuing Education

Total Points:

Fellows require 6 points minimum and must have attended programs listed in the past three years.

AHE Annual Conference

Location:	Year:

AHE Seminars or Regional Programs

Location:	Year:

Other Full-day Health Care Programs

Location:	Program Sponsor:	Year:

Professional Activities

Total Points:

Fellows require a minimum of 5 points for professional activities: Minimum of 2 points for AHE and Environmental Services Activities and a minimum of 1 point for Health Care 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.

Activity:	Date:

Health Care Activity or Community Involvement Activity Description (50 words or less)

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Total Combined Points:

I attest 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.

Printed Name:	Date:
Signature:	

