



California Association for Healthcare Quality
MEMBERSHIP APPLICATION

CAHQ, 4570 Van Nuys Blvd. #326, Sherman Oaks, CA 91403

800-230!3163 562-212-1067 FAX:866-722-3277 www.cahq.org Tax ID #95-3647787

- New Application Renewal Referred by: Date Mailed:
Regular Dues \$110 Discounted Dues \$95 (prepaid by 12/31 for next year) Organization Membership \$320
Student Dues \$45 (Submit copy of Student ID with application.) Student membership limited to a maximum of one year.

SAVE EVEN MORE with added discounts BY EXTENDING YOUR MEMBERSHIP FOR 2 OR 3 YEARS NOW:

Prepay \$180 for a discounted 2-year membership or \$255 for a 3-year membership. Organizational members can save by taking advantage of a \$540 prepaid 2-year membership or prepay \$760 for a 3-year membership.

Mail completed application and check payable to CAHQ to the address above or pay by credit card:

MC/Visa/Amer Exp Credit card # Signature Exp. Date
(circle one) security code:

Name:

Business: Facility Name: Title Address City: State: Zip:

Home: Address: City: State: Zip:

Business phone: e mail address:
Fax number: Home phone:

For publication in the CAHQ Directory, use my business home address.

For mailings, use my business home address.

- Omit my name from lists CAHQ shares with non-affiliated organizations. (You will still receive all CAHQ mailings.)
I hold active status as a Certified Professional in Healthcare Quality (CPHQ).
I am a current member of the National Association for Healthcare Quality (NAHQ), a CAHQ affiliate.
RN Calif. license # Registered Health Information Administrator (RHIA)
MD/DO license # Registered Health Information Technician (RHIT)
Cert. Med. Staff Coord. (CMSC) # Cert. Prof. Cred. Specialist (CPCS) #
Certified Risk Manager Other professional license/certification/accreditation.
Type # Type #

In which type of organization/facility do you currently work? (Select the 1 most appropriate description)

- Acute care hospital or medical center Outpatient clinical facility Home health/hospice
Behavioral health facility Specialty healthcare facility (e.g., chemical dependency or rehab.)
Long term care facility Corporate or network/system headquarters
Government agency (non-hospital) Licensure or accreditation body
Insurance company/PPO Managed care organization Consultant
Private review organization Health maintenance organization None of these apply

What is/are your area(s) of expertise? (Check all that apply)

- Quality management/improvement Risk management Care/case/utilization management
Medical staff services Managed care Administration
Information management Patient safety Corporate compliance
Ambulatory/rehabilitative care Infection Control Long term care
Home care Behavioral health Nursing

Which best describes your current position? Senior management Supervisory
Middle Management Consultant Staff

How many years of experience do you have in the healthcare quality field?

Have you been a CAHQ member before? Yes No If yes, when? (year)