



California Association for Healthcare Quality

Promoting healthcare quality professionals through education, resources, networking and leadership

PLEASE CHECK ✓ THE BOX NEXT TO THE DESIRED MEMBERSHIP LEVEL

STUDENT (\$25) BASIC (\$55) PREMIUM (\$110) EMERITUS (\$60) ORGANIZATION (\$250)

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

MC Visa American Express (Indicate one)

Credit Card Number: _____ Signature: _____

Exp. Date: _____ Security Code: _____

Or join online and pay via PayPal at www.cahq.org/membershipInfo.html

Name: _____

Facility Name: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone (Business): _____ Phone (Home): _____

Fax: _____ E-mail: _____

For publication in the CAHQ Directory, use my Business address Home address

For mailings, use my Business address 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 _____ # _____

In which type of organization/facility do you currently work? (e.g. Acute care hospital or medical center, outpatient clinic, private review organization, etc.) _____

What is/are your area(s) of expertise? (e.g. Quality management/improvement, risk management, care/case/utilization management, medical staff services, etc.) _____

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, which year(s)? _____

May we contact you for volunteer opportunities? Yes No

CAHQ, 4570 Van Nuys Blvd., #326, Sherman Oaks, CA 91403 • (800) 230-3163 • www.cahq.org

Sign up today at CAHQ.org