



# Ohio Association For Healthcare Quality 2012 Membership Application

Ohio Association for Healthcare Quality (OAHQ)'s membership year runs from January 1<sup>st</sup> thru December 31<sup>st</sup> of any given year. Open membership enrollment runs from November 15, 2011 through January 31, 2012. Annual membership dues, including retiree memberships, are \$60.00.

In order to take advantage of a member discount for the annual conference, you must become a member by January 31, 2012.

**Who Referred you to OAHQ?** \_\_\_\_\_

**OAHQ Member:** New  Renewing

**Retired?** Yes  No

**Payment Method:**

Personal check# \_\_\_\_\_ VISA

Company check# \_\_\_\_\_ MasterCard

**NAHQ Member?** Yes  No

**Volunteer Interest?** Yes  No

**Contact Information [Required information is marked with an asterisk (\*):]**

Name\* \_\_\_\_\_

Company\* \_\_\_\_\_

Title\* \_\_\_\_\_

Address (Home address suggested)\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ County\* \_\_\_\_\_

Email\* (Home) \_\_\_\_\_

Email (Work) \_\_\_\_\_

Home Phone (\_\_\_\_) - \_\_\_\_\_ Work Phone\* (\_\_\_\_) - \_\_\_\_\_ ext.

**Education:**

- |                               |                                  |                                       |
|-------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> BA   | <input type="checkbox"/> LPN     | <input type="checkbox"/> PhD          |
| <input type="checkbox"/> BS   | <input type="checkbox"/> LSW     | <input type="checkbox"/> RN           |
| <input type="checkbox"/> BSN  | <input type="checkbox"/> Masters | <input type="checkbox"/> RHIA         |
| <input type="checkbox"/> CCM  | <input type="checkbox"/> MD      | <input type="checkbox"/> RHIT         |
| <input type="checkbox"/> CCRN | <input type="checkbox"/> MBA     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CDMS | <input type="checkbox"/> M.Ed.   | <input type="checkbox"/> _____        |
| <input type="checkbox"/> CPHQ | <input type="checkbox"/> MSN     | <input type="checkbox"/> _____        |

**Expertise:**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Case Mgt.         | <input type="checkbox"/> Medical Staff Svc. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CQI/TQM           | <input type="checkbox"/> Nursing            | <input type="checkbox"/> _____        |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> QA/PI              | <input type="checkbox"/> _____        |
| <input type="checkbox"/> Medical Records   | <input type="checkbox"/> Risk Mgt.          | <input type="checkbox"/> _____        |
|  | <input type="checkbox"/> Social Wk.         | <input type="checkbox"/> _____        |
|  | <input type="checkbox"/> UM                 | <input type="checkbox"/> _____        |

**Type of Organization:** \_\_\_\_\_

**Payment Information:** Membership dues are \$60 for the year.

Annual membership renewal runs from November 15, 2011 - January 31, 2012.

**Payment Methods:** (Check or Credit Card - MasterCard or VISA only)

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

*Credit card statement will serve as confirmation of receipt.*

**Mail application and payment to:**

**OAHQ  
P. O. Box 461045  
Cleveland, OH 44146-1045**

*(If paying by credit card, applications may be faxed to 330-468-1014.)*