



Utah Association of Healthcare Quality

UTAH ASSOCIATION OF HEALTHCARE QUALITY State Association New Member/Renewal Application

Name _____		Credentials (RN, ART, etc.) _____		Please indicate preferred mailing address	
				<input type="checkbox"/> home <input type="checkbox"/> work	
Title _____					
Organization _____					
Address _____			Home address _____		
City _____		State / Zip _____		City _____ State / Zip _____	
Phone _____		Fax _____		Home phone _____ Home fax _____	
Current Work Email Address _____			Home Email _____		

Please sign and mail your application to the UAHQ Treasurer at the address below (for individuals making payments through PayPal, you may fax or email your completed application). Membership dues for the State Association are \$40.00. Please indicate your method of payment:

- Check – I am attaching a check with my application.
- PayPal – I have paid using the secure checkout on the website.

Russ Elbel c/o UAHQ
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Salt Lake City, UT 84102

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Ph. (801) 587-6564
Fax: (801) 587-6443

Note: UAHQ dues cannot be deducted as a charitable contribution, but can be deducted for federal income tax purposes as an ordinary and necessary business expense. Consult your tax advisor for individual assistance.

Copy this invoice for your records and return the original with your payment.

UAHQ Membership

Individual membership is available to persons involved in the health care field. Individual members are eligible to vote, hold office, and serve on committees. Benefits include one copy of the quarterly newsletter and reduced rates on educational opportunities.

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For Office Use Only

Membership Number: _____ Date Received: _____

UAHQ Membership Profile

Help UAHQ maintain an accurate membership database by completing the information below. This information is a key resource in producing educational products, servicing, and networking opportunities. **Please check all of the boxes that apply.** Return the original form with your membership dues. Thank you!

Educational background

RN ART RHIT BSN BS/BA degree/other MSW LPN Master's degree/other
MD PhD CPHQ Other

Years of experience in healthcare quality

<1 yr. 1-2 yrs. 3-5 yrs. 6-10 yrs. 11-15 yrs. > 15 yrs.

Organization/facility type

Gen/Acute Psych Peds Rehab Long Term Ambulatory Home Health Ins Co Military
Veterans Consulting Univ/Teach Managed Care Mult Healthcare Sys Other

Position (regardless of title)

Administrator Analyst Coordinator Consultant Director Executive Manager
Nurse Physician Supervisor Staff Assistant Vice President Other

Primary area of responsibility/interest

Case Management CQI/TQM QA/UR Infection Control Medical Records/HIM
Nursing Medical Staff Services/Medical Affairs Risk Management Utilization Mgmt/Review Other

Number of employees in your organization

< 50 51-100 101-300 301-500 > 500

Are you a member of the National Association of Healthcare Quality (NAHQ)?

yes no

Are you a Certified Professional in Healthcare Quality (CPHQ)?

yes no

Please indicate your preference for voluntary committee assignments

Finance Education Legal/Legislation Networking/Communication

Would you be interested in serving as a future officer or a committee chairman?

President-Elect Treasurer Secretary Education Legal/Legislation
Networking/Communication Member at Large

We selectively release the names of our members to organizations whose philosophy is compatible to ours for educational offerings, job opportunities, or publications. Do you approve of your name being released?

yes no

Signature

Date