



AHE Fellow Application

Complete and return to ahe@aha.org

		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:		

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:

