

Michigan Association for Healthcare Quality (MAHQ) Membership Application

Fields in red are required																		
Year for which you are applying or renewing	<input type="checkbox"/> 2012 <input type="checkbox"/> 2013	The membership year is from January 1 to December 31. There is no pro-ration of dues for part year.																
New or Renewal Status	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Active <input type="checkbox"/> Lifetime	Active: Those members involved in the improvement of health care quality and/or utilization management. Lifetime: Those members approved by the Board of Directors as having rendered outstanding service to MAHQ.																
NAHQ Membership Number		If not an NAHQ (National) member, skip.																
NAHQ Member Type	<input type="checkbox"/> Individual <input type="checkbox"/> Group	If not an NAHQ (National) member, skip.																
First Name, Middle Int.																		
Last Name																		
Credential(s)		List up to six (e.g., RN, BSN, MSW, PhD, etc.)																
Job Title																		
Certification(s)		List up to six (e.g., ABQUAR, CPHQ, CCM, etc.)																
Mail Address																		
Mail City, State, Zip Code																		
Work / Affiliate Name																		
Work Address	Specify if different than above.																	
Work City, State, Zip Code	Specify if different than above.																	
Work Website																		
Phone (include area code & extension)																		
Fax (include area code & extension)																		
E-mail Address																		
Major Area of Work Specialty	<table style="width: 100%; border: none;"> <tr> <td>___ Statistical analysis</td> <td>___ Managed Care</td> </tr> <tr> <td>___ Quality Management</td> <td>___ Risk Management</td> </tr> <tr> <td>___ Discharge Planning</td> <td>___ Education</td> </tr> <tr> <td>___ Administration</td> <td>___ Medical Records</td> </tr> <tr> <td>___ Information Systems</td> <td>___ Utilization Management</td> </tr> <tr> <td>___ Medicine (Physician)</td> <td>___ Infection Control</td> </tr> <tr> <td>___ Consulting</td> <td>___ Case Management</td> </tr> <tr> <td>___ Social Work</td> <td>___ Other: _____</td> </tr> </table> <ul style="list-style-type: none"> From the list above, please choose at least 1 but not more than 6 areas where you have competence in that specialty. Rank each of your choices from "1" to "6" where "1" is the highest competence and "6" is the lowest competence. <p>PLEASE USE EACH NUMBER ONLY ONCE.</p>		___ Statistical analysis	___ Managed Care	___ Quality Management	___ Risk Management	___ Discharge Planning	___ Education	___ Administration	___ Medical Records	___ Information Systems	___ Utilization Management	___ Medicine (Physician)	___ Infection Control	___ Consulting	___ Case Management	___ Social Work	___ Other: _____
___ Statistical analysis	___ Managed Care																	
___ Quality Management	___ Risk Management																	
___ Discharge Planning	___ Education																	
___ Administration	___ Medical Records																	
___ Information Systems	___ Utilization Management																	
___ Medicine (Physician)	___ Infection Control																	
___ Consulting	___ Case Management																	
___ Social Work	___ Other: _____																	
Currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
Do you wish to receive mail from other groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
Are you willing to participate on a committee or board?	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
Referred by:																		

Make Checks Payable to: Michigan Association for Healthcare Quality Active Member: \$50.00/year

Mail to: MAHQ
 33228 W. 12 Mile Road, #298
 Farmington Hills, MI 48334