



NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY

Dear Prospective Fellowship Candidate,

We are very pleased that you are considering applying for NAHQ Fellowship. The NAHQ Fellowship Program was developed by the Healthcare Quality Foundation (HQF) both to recognize NAHQ members who have made outstanding contributions to the field of healthcare quality and to act as a blueprint for an ideal career path in the healthcare quality profession.

Consideration of an applicant for fellowship includes review of the applicant's credentials, employment background, and education. The NAHQ Fellowship Review Team analyzes the information submitted and makes recommendations for fellowship status to the NAHQ Board of Directors. The NAHQ Board of Directors grants fellowship status based on an evaluation of the applicant's contributions to the field of healthcare quality in the following categories:

- Leadership/Service
- Published Works
- Lectures/Presentations
- Mentorship

Please refer to the application for details on each category.

Because specific criteria may change from year to year, please review the NAHQ Fellowship Application thoroughly before deciding to apply.

In order to be considered for fellowship, all prospective candidates must declare their intent to apply in writing to the NAHQ Fellowship Review Team Coleaders by **February 29, 2012**. This letter should be submitted electronically to Lori Barker, NAHQ staff, at lbarker@nahq.org.

The application process is significant and will require considerable effort and time to organize supporting materials and validate information. All applications must be completed in English. Please provide English versions of supporting materials written in other languages in addition to the original version of the content. If warranted, the Fellowship Review Team may schedule a phone interview with you to discuss items that need further clarification on your application.

Upon request, the Fellowship Review Team will match a prospective candidate with a fellowship coach to guide you in the application process. The coach will be a fellow who will share knowledge, information, and his or her expertise with you to help in the process to NAHQ Fellowship. If you are interested, please contact Lori Barker, NAHQ staff, at lbarker@nahq.org.

NAHQ is proud to offer the fellowship program. Recognition of outstanding leaders in the association benefits not only those granted Fellowship status, but also those seeking role models in the healthcare quality field.

Good luck with the application process! Please contact NAHQ Headquarters at 800.966.9392 with any questions.

Sincerely,

Mary Huddleston, MHSE RN CPHQ FNAHQ
Fellowship Review Team Leader

Renaë Spohn, MBA RHIA CPHQ FAHIMA FNAHQ
Fellowship Review Team Co-Leader



NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY

National Association For Healthcare Quality 2011 Fellowship Application

You must have submitted your Declaration of Intent by **February 29, 2012**, prior to submitting this application to the Fellowship Review Team. The completed application is due **April 16, 2012**.

Please type or print all responses.

I. Background

Name _____ Date _____

Title _____

Address _____

Street _____

City/State/Zip _____

Employer _____

Address _____

Street _____

City/State/Zip _____

Work _____ Home _____

Fax _____ E-mail address _____

NAHQ Membership Number _____ Expiration Date _____

Note: Applicant must be an active, individual NAHQ member for 3 continuous years prior to application and must maintain continuous membership in order to maintain fellowship designation. Applicant must also be a CPHQ to apply for Fellowship.

II. Credentials

Applicants must be CPHQ certified and hold one of the other credentials listed below.

A. Certification in Healthcare Quality

CPHQ Number _____

Initial certification year _____ Recertification year (most recent) _____

B. Academic Qualifications

Please indicate which of the following academic achievements and/or credentials you have earned. Copies of degrees/documents must be provided and labeled.

- Doctoral Degree Master's Degree
- Bachelor's Degree Diploma in Nursing
- Associate's Degree Other Professional Certification/License

List: _____

III. Employment Background

A. Employment Experience

Please list positions held, demonstrating at least 10 years of experience with primary responsibility for healthcare quality and at least 2 years in a supervisory/management position. Supervision/management experience is acceptable for staff or projects. Please also attach a job description for each position listed, labeled "III.A Employment Experience," as well as any other position held in the past 10 years that do not fit on this page.

Years in the profession ____ Years in a position of responsibility ____

Organization _____

Position _____ Dates _____

Employment Reference _____ Phone (____) _____

Organization _____

Position _____ Dates _____

Employment Reference _____ Phone (____) _____

Organization _____

Position _____ Dates _____

Employment Reference _____ Phone (____) _____

Organization _____

Position _____ Dates _____

Employment Reference _____ Phone (____) _____

If your position descriptions/titles do not reflect your work in quality but are quality related, fill in the information below:

For each quality-related position, if the job title is not explicitly quality-related, complete this table to indicate clearly and specifically how each position qualifies.			
Position Title:	Employer Name:	Dates Held	
		From (Mo/Yr)	To (Mo/Yr)
Describe how position is quality related:			
Position Title:	Employer Name:	Dates Held	
		From (Mo/Yr)	To (Mo/Yr)
Describe how position is quality related:			
Position Title:	Employer Name:	Dates Held	
		From (Mo/Yr)	To (Mo/Yr)
Describe how position is quality related:			

B. References

Please provide reference letters from two professional contacts who are familiar with your achievements and contributions in the healthcare quality field describing why you should be considered for fellowship status. The letters should address your leadership skills and professional growth, giving specific examples. Each letter should not exceed 500 words and must be written on letterhead (e-mails will not be accepted). **All letters of reference must be signed and dated within 1 year.** Current members of the NAHQ Board of Directors and Fellowship Review Team, current mentors for the Application process, current applicants for Fellowship, and your subordinates at work, may **not** provide reference letters. Please label these documents "III.B. Reference Letters."

C. Curriculum Vitae

A copy of your Curriculum Vitae must accompany this application.

IV. Continuing Education

Please submit a copy of your current CPHQ certification as evidence of having earned at least 30 contact hours of healthcare quality-related education within the 2 years prior to the date of this application. Provide the evidence of continuing education attendance for your most recent recertification period. Evidentiary documents must include topic, date of education, speaker, and contact hours. A summary of continuing education attendance is not sufficient. Please label all supporting documentation relating to this category "IV. Continuing Education." Please do not send originals with your application.

V. Contributions to the Healthcare Quality Profession

All applicants must submit documentation to meet the requirements for the Leadership Category. In addition, you must choose two (2) of the other three (3) categories to document compliance with requirements.

Please submit all supporting information and documentation in each category to support your application for fellowship. All documentation must be easily verifiable as originating from the professional organization that provides it. For example, this could include a copy of a conference brochure listing you as a presenter or a thank-you letter from the professional organization on official letterhead. Evidence of achievement for each category may only date back 10 years from the date of the application, April 16, 2012. Documentation that is older than 10 years or that does not follow the format as outlined will not be considered.

The four categories are

- leadership/service (required)
- published works
- lectures/presentations
- mentorship

A. Leadership/Service

Please list all volunteer leadership positions or appointments you have held in healthcare quality associations or related organizations at the local, state, and national level that demonstrate your leadership and contributions/service to the healthcare quality-related field. To qualify, you must have held at least three (3) different terms of leadership office or positions within the last 10 years. Employment-related positions are not applicable. Please include additional pages (if necessary) and any supporting documentation. Please label these supplements "V. A. Leadership/Service." Please include the number of years in term of office; for example: 2-year term for president-elect.

National, State, and Local Leadership

Elected Positions

Position _____ Years of Term _____ Term Year(s) _____

Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Organization _____

Appointments

Team Leader (Committee/Task Team/Board): Please include term of application year.

Position _____ Years of Term _____ Term Year(s) _____

Team/Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Team/Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Team/Organization _____

Position _____ Years of Term _____ Term Year(s) _____

Team/Organization _____

B. Published Works

Applicants must submit one of the following combinations of published works:

- 1 personally authored or edited book where you are listed as the lead author or editor. This publication cannot be prepared as part of a work-related assignment for the applicant’s employer for the primary purpose of use within the applicant’s employing organization.
- 2 book chapters where you have authored a significant portion of the chapters
- 2 articles published in professional peer-reviewed journals or periodicals whose circulation exceeds 1,000 readers where you are listed as lead author
- combination of two: 1 chapter and 1 article.

Published works **must** relate to healthcare quality and related fields. State newsletter submissions, for example, are not permitted. Works published online are acceptable. Any submitted published works **must include** evidence that the work has been subjected to a professional peer-review process. A couple of examples of validation may be a letter from the publisher or author submission guidelines. Published works must have been disseminated within the 10 years prior to the date of the fellowship application and must include documentation describing the circulation of the publication. Publications accepted for publication but not yet published will be considered acceptable. Please be sure to send copies of the requested publications, rather than any originals. Please label all documents relating to this category “V. B. Published Works.”

Book _____

Publisher _____ Year Published _____

Chapter or Article _____

Publisher or Journal _____ Year Published _____

Chapter or Article _____

Publisher or Journal _____ Year Published _____

C. Lectures/Presentations

Please provide evidence of your participation (brochures, letters, etc.) as a presenter in 10 educational programs in health-care quality, or related fields, within the 10 years prior to the date of this application. Please provide evidence that the speaking engagement does not endorse the employer’s product or service or be part of required job or paid consulting responsibilities. **Seven (7) of the 10 presentations must be of different content from the other presentations.** Examples of proof can include the course objectives, course outline, copy of slides, or materials showing the length of presentation and/or number of CE credits, etc. Paper and poster presentations may be included. Please label all attachments relating to this category “V. C. Lectures/Presentations.”

Date	Title	Location/Audience
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Mentorship

Please attach documentation from two individuals for whom you have served as a mentor in healthcare quality or related fields. This mentorship should be voluntary and not for a person normally supervised as part of the applicant's job responsibilities; coworkers not directly supervised by you are acceptable. Each individual who was mentored must submit a written statement, on appropriate letterhead, no greater than 500 words, addressing his or her own professional growth and knowledge base in relation to your mentorship skills. The written statement should describe the mentorship and the measurable objectives/goals that were obtained. The applicant should include documentation of specific examples/copies of the objectives or work completed.

Using the Mentorship Template, each written statement should also include the following information: inclusive dates of mentorship, including capacity, length, and goals and objectives of mentoring relationship, and measurable outcomes of mentoring (i.e., how individual has grown professionally through the process). Please label all documents relating to this category "V. D. Mentorship."

If you do not meet the minimum criteria, your application will not be considered. Your right to appeal will not apply. All information submitted is assumed final. No further information will be allowed after the deadline.

I hereby certify that all statements and responses I have made in this application, and all documents enclosed herewith, are true, accurate, and authentic to the best of my knowledge.

I agree to serve as a NAHQ Mentor upon being awarded fellowship status.

Signature

Date

Please send this application, all enclosures, and the nonrefundable application fee of \$200 (make checks payable to the National Association for Healthcare Quality) to the following address:

The Fellowship Program

NAHQ
4700 W. Lake Avenue
Glenview IL 60025-1485

All applications **must be received by April 16, 2012**. If you have any questions, please contact NAHQ Headquarters at 800.966.9392.

VI. Mentorship by NAHQ Fellowship Applicant

Fellowship Applicant:		Mentee Relationship to Applicant:
Mentee Name:		
Mentee Position Title:	Mentee Organization:	
<p>Instructions for mentee: Please describe the applicant's mentorship in relation to the questions below. Keep all answers limited to this one page; however, you should include documentation of specific examples/copies of the objectives or work completed as necessary.</p>		
<p>A. Please describe your mentoring relationship. This can include the nature of the partnership and how you were supported by the applicant in your professional development.</p>		
<hr/> <hr/> <hr/>		
Dates you were mentored by applicant:		
<p>B. Mentoring can take many forms such as traditional meetings and e-mentoring. Describe how your mentoring experience was designed and structured. How did this help you create a plan for development including your personal vision?</p>		
1.		
2.		
3.		
4.		
<p>C. How did the mentoring relationship help you achieve your potential?</p>		
1.		
2.		
3.		
4.		
<p>Additional Comments:</p>		
<hr/> <hr/> <hr/>		
Signed		Date:

NAHQ Fellowship Application Checklist

Be sure to complete or attach the following items by **April 16, 2012**.

- Declaration of your intent to apply for fellowship in 2011 to the Fellowship Review Team by **February 29, 2012**
- All pages of your completed Fellowship Application with supplementary pages labeled appropriately
- A copy of your current certification labeled "IV. Continuing Education"
- Copies of degrees/documents as evidence of your earning one academic achievement or credentials labeled "II. Credentials"
- A copy of your Curriculum Vitae
- Evidence of having earned at least 30 hours of healthcare quality (or related) education labeled "IV. Continuing Education"
- Evidence of Leadership and two of the other three criteria
- Evidence of your leadership/service in the field of healthcare quality labeled "V. A. Leadership/Service"
- If employment position is "quality-related," an explanation to explain relationship to quality
- Copies of published works (meeting one of the categories below) labeled "V. B. Published Works." Also include copies of the submission guidelines or letter from the publisher stating the work was peer-reviewed.
 - personally and solely authored or edited book
 - two (2) book chapters
 - two (2) articles published in professional peer-reviewed journals or periodicals (circulation must exceed 1,000 readers)
 - a combination of a chapter and article
- Evidence of your participation (brochures, letters of appreciation, etc.) as a presenter in healthcare quality (or related) educational programs labeled "V. C. Lectures/Presentations"
- Mentorship Template from two individuals for whom you have served as a mentor in the field of healthcare quality labeled "V. D. Mentorship"
- Written recommendations by two references labeled "III.B. Reference Letters"
- Your signature on the final page of the Fellowship Application
- Your **nonrefundable application fee of \$200** (Make checks payable to NAHQ.)

Please note that applications will only be accepted in electronic format (Word or PDF) on CD. Paper applications will not be accepted. Materials will not be returned to the applicant.

Thank you for submitting an application for NAHQ Fellowship. If you have any questions, please contact:

NAHQ

4700 W. Lake Avenue

Glenview, IL 60025-1485 USA

www.nahq.org

800.966.9392 or 847.375.4783

Fax 847.375.6490

Electronic Submission Guidelines

Please submit your completed application and supporting documents on a CD-ROM. Paper applications will not be accepted.

- Adobe PDF format is encouraged for all documents, as it will preserve the formatting of your document as well as prevent accidental editing.
- If you are unable to format your documents as PDFs, Microsoft or MS-compatible files (MS Office, MS Powerpoint, MS Excel, Adobe Acrobat, etc.) will be easily accessible to all of the Fellowship Review Team
- Please place your files in separate folders labeled by application section (see Application Outline below).
- Number your attachments in the order in which you would like them to be viewed (e.g. "01. Book Title.pdf," "02. Article Title.pdf," etc.).
- Double-check! Make sure that your CD has burned correctly by inserting it and viewing the files on a second computer.

Please contact Lori Barker at lbarker@nahq.org or 847.375.4783 with any questions.

Application Outline

- I. Background
- II. Academic Qualifications
 - A. Employment Background
 - B. Employment Experience
 - C. References
 - D. Curriculum Vitae
- IV. Continuing Education
- V. Contributions
 - A. Leadership/Service
 - B. Published Works
 - C. Lectures/Presentations
 - D. Mentorship

