

Fellow of HFMA (FHFMA) Application

(Fees subject to change)

Membership Status Are you currently a certified (CHFP) member of HFMA?

Yes. HFMA Member # _____

No. Being a CHFP is required for Fellowship. View the FHFMA area of hfma.org to learn more about becoming a FHFMA..

Personal Information. Your name will appear on your certificate exactly as you have it in your member profile. Please be sure your profile is accurate.

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Fax _____ e-mail _____

Education. Bachelor's degree or 120 semester hours from an accredited college or university is required

Place an "X" on the line describing how you are supplying the information with this application.

Education information on file with HFMA Copy of transcript or diploma attached.

Professional Experience. List the most recent and prior employer. Attach additional pages as needed.

Current Employer _____ Your Position Title _____

Employer's Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ e-mail _____

Dates of Employment _____

Prior Employer _____ Position Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ e-mail _____

Dates of Employment _____

References. Obtain a reference from either a current FHFMA or an HFMA chapter leader.

Name _____ Chapter Officer Title _____

Career Title _____ Business Address _____

City _____ State _____ ZIP _____

Business Phone _____ Business e-mail _____

I hereby declare that to the best of my knowledge, the applicant is of good character and should be granted the duties and privileges of a Fellow of the HFMA.

Signature _____ Date _____

(Continued on next page)

Allow 60 - 90 days for processing

(rev 6/09)

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Volunteer Activity. To indicate how you have met this requirement, check **one** of the following and attach required information.

_____ **Follmer Bronze Award** earned _____ (year)

_____ **Volunteer in the Chapter.** These activities must have been completed within three years prior to submitting the FHFMA application. List below or attach a list of qualifying activities including a description of the activity and dates of participation. Include your name and HFMA member number on the attachment.

_____ **Volunteer service for two years in a healthcare industry organization.** Provide the name of the organization, description of the volunteer activity, date of volunteer activity, and a contact person with which HFMA National can verify the volunteer activity. These activities must have been completed within three years prior to submitting the FHFMA application. Include your name and HFMA member number on the attachment.

Affidavit. This section must be completed and signed by a notary public.

I hereby declare before the proper authority that the statements contained in this application for Fellowship are correct to the best of my knowledge. I understand and by my signature subscribe to the HFMA Code of Ethics, with knowledge that any false statement or misrepresentation that I make in completion of this application may result in this application and issuance of a complaint of violation of said code.

Signature of Applicant _____ Date _____

County of _____ State of _____

Sworn and subscribed before me on this date _____

Signature of Official Notary _____ Printed Name of Notary _____

Seal

Payment Information. \$150.00 processing fee

___ Check enclosed payable to HFMA for \$150 _____ Check number (for tracking purposes)

___ Charge my: (check one) ___ Visa ___ MasterCard ___ American Express ___ Discover Card

Card Number _____ Expiration Date _____

Cardholder's Name _____ Cardholder's Signature _____

Please mail completed application with payment to:

HFMA, Attn: Accounting Dept- A/P; Two Westbrook Corporate Center, Suite 700
Westchester, IL 60154

Allow 60 - 90 days for processing

(rev 6/09)