

# Fellow of HFMA (FHFMA) Application

**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 2/08)*

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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.** \$125.00 processing fee

\_\_\_ Check enclosed payable to HFMA for \$125 \_\_\_\_\_ 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 2/08)*