

FACHE

Fellow of the American College of Healthcare Executives
The Distinction of Board Certification



Application for the **FACHE[®] Credential**

Apply online at **ache.org/FACHE!**

Through the Leader-to-Leader Program, ACHE recognizes those members who refer colleagues to join or become Fellows. Did an ACHE member encourage you to apply for Fellow status? Make sure they receive credit by listing their contact information below.

Name

Title

Organization

Address

City

State

ZIP Code

Phone

Email

Congratulations on your decision to become board certified as a **Fellow of the American College of Healthcare Executives (FACHE)!**

STEP 1: To be eligible to take the Board of Governors Examination:

Meet requirements to submit an FACHE application:

- Master's or other postbaccalaureate degree
- Healthcare management position and at least two years of healthcare management experience*
- Be an ACHE member

Complete and submit the FACHE application. Include the following:

- Academic background (schools/degrees)
- Current job description, organizational chart and resume
- Names of three current Fellow references
(The completed reference forms found in this application can be submitted by your references after you submit your application. Reference forms can also be completed and submitted at ache.org/FACHE.)
- Sign the application and submit \$250 application fee

STEP 2: After we have accepted your FACHE application, you have three years to:

Prepare for, take and pass the Board of Governors Examination

- Receive authorization letter and Exam registration form from ACHE (upon approval of your FACHE application and receipt of references)
- Return registration form with \$200 Examination fee or fee waiver (available March 1–June 30 or if you participated in an Exam review course)
- Schedule a time to take the computerized Exam at your convenience in your area or contact ACHE to take the paper and pencil Exam at the annual Congress on Healthcare Leadership

Meet any remaining requirements to earn the FACHE credential

- Healthcare management position and five years of healthcare management experience
- Three years tenure as an ACHE Member, Faculty Associate or International Associate
- 36 hours of Healthcare Management Continuing Education credit—at least 12 of which are ACHE Face-to-Face Education credits—the remaining 24 can be ACHE Face-to-Face Education credits or ACHE Qualified Education credits.
- Participation in two healthcare and two community/civic activities

TRACK YOUR PROGRESS



Once your Fellow application has been processed, go to my.ache.org and review your FACHE application status. Visit your page often to track your progress throughout your advancement to FACHE.

Application for the FACHE credential *Save time—Apply online at ache.org/FACHE*

Completing this application is the first step toward earning the FACHE credential. Please read and complete each required section (pages 3–6) fully and accurately in clear, legible handwriting or type. If you have any questions, please call ACHE’s Customer Service Center at (312) 424-9400. ACHE customer service representatives are also available to assist you via Live Chat at my.ache.org Monday through Friday, from 8 a.m. to 5 p.m. Central time.

REQUIRED

A Name

NAME PREFIX	FIRST	MIDDLE	LAST	NAME SUFFIX
-------------	-------	--------	------	-------------

ACHE MEMBER ID NUMBER (IF KNOWN)

Uniformed services personnel and USPHS commissioned officers, please enter rank. Please indicate any other prefixes as applicable and include all doctoral degrees.

B Education

Please list all academic degrees earned, beginning with the most recent. Enclose a copy of the diploma of your latest degree or your final conferred transcript.

1	<input type="checkbox"/> Graduate	SCHOOL NAME AND LOCATION	ATTENDED (FROM-TO: LIST MONTH/YEAR)
	<input type="checkbox"/> Undergraduate	DEGREE OR DIPLOMA (ABBREV.)	MAJOR
2	<input type="checkbox"/> Graduate	SCHOOL NAME AND LOCATION	ATTENDED (FROM-TO: LIST MONTH/YEAR)
	<input type="checkbox"/> Undergraduate	DEGREE OR DIPLOMA (ABBREV.)	MAJOR
3	<input type="checkbox"/> Graduate	SCHOOL NAME AND LOCATION	ATTENDED (FROM-TO: LIST MONTH/YEAR)
	<input type="checkbox"/> Undergraduate	DEGREE OR DIPLOMA (ABBREV.)	MAJOR

C Current Position

TITLE	START DATE (MM/DD/YR)
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ORGANIZATION

CHECK HERE IF THIS IS A VETERANS AFFAIRS ORGANIZATION

ADDRESS	CITY	STATE	ZIP
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PHONE	FAX	EMAIL
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REQUIRED

D Job Description, Organizational Chart and Resume

A copy of your current job description, organizational chart showing your position and resume must be included with your application.

E Healthcare Management Experience

At the time you submit your Fellow application you must have at least **two years** of healthcare management experience. In order to become a Fellow you will need at least **five years** of healthcare management experience.

A healthcare management position is one which the person is employed by a healthcare organization or by an organization whose purpose is to influence the growth, development or operations of a healthcare organization. To be eligible for advancement, a candidate's position must include planning, organizing, staffing, leading and controlling functions at the organizational or department level. Eligible positions include but are not limited to C-suite executives (CEOs, COOs, CMOs, CNOs, CIOs, etc.), associate and assistant administrative officers, directors as well as specialty management positions of comparable executive authority. **Note: Postgraduate residency/fellowship experience does not count toward the healthcare management experience requirement for advancement to Fellow.**

- I have a minimum of two years of healthcare management experience and am therefore eligible to submit my FACHE application and take the Board of Governors Examination.

F References

Submitting reference forms

Three active Fellows must provide references to ACHE on your behalf by submitting a completed form (found on the following pages or at ache.org/FACHE). One of these references must conduct a structured (face-to-face) interview. It is your responsibility to ensure that ACHE receives the completed reference forms.

Identifying references

- Use the online Member Directory on ache.org to locate Fellows in your area or across the world. Your references do not need to be located near you.
- Contact your Regent and ask for assistance with identifying Fellows to serve as references (go to ache.org/Regent to find the Regent for your area).
- Contact ACHE's Customer Service Center at (312) 424-9400 or via email at contact@ache.org. ACHE customer service representatives are also available to assist you via Live Chat at my.ache.org Monday through Friday, from 8 a.m. to 5 p.m. Central time.

In the spaces provided below, please list your three current Fellow references and identify which one is the structured interview. We will keep this information on file to help you track the status of each completed form.

NAME

NAME

TITLE

TITLE

ORGANIZATION

ORGANIZATION

Structured interview:

NAME

TITLE

ORGANIZATION

REQUIRED

G Statement of Release and Agreement

In furtherance of this application, I hereby release ACHE and its officers, directors, members, agents and employees and the providers of any information about me from any and all liability and agree to save and hold each of them harmless from and against all claims, costs, expenses, demands, actions and liability arising from or relating to acts performed in good faith and without malice in connection with the provision, collection and evaluation of information and opinions, whether or not requested or solicited, concerning my application for Fellow status in the American College of Healthcare Executives.

I further represent and warrant that the information provided on this application is accurate and complete and agree that if I am advanced as a Fellow of ACHE, I will abide by ACHE's *Bylaws*, *Code of Ethics*, *Regulations* and other rules and that all of the foregoing releases and agreements will remain in effect with respect to any future evaluation of my fitness for continued membership in ACHE. (The *Code of Ethics* is available on ache.org.)

SIGNATURE

DATE

H Application Fee/Method of Payment

Application fee: \$250

Please check method of payment below.

Check enclosed (payable to the *American College of Healthcare Executives*)

 **Visa**

 **MasterCard**

 **American Express**

 **Discover**

\$

AMOUNT CHARGED

ACCOUNT NUMBER

EXP. DATE

NAME AS IT APPEARS ON CARD

CARDHOLDER'S SIGNATURE

Receipt of your application will be acknowledged within three weeks.

If you are paying your \$250 application fee by check, please enclose it with this application. Mail your check and application, including your job description, resume, organizational chart, and copy of diploma or transcript, to the address below. Please keep a copy of your application for your files. Your application will remain valid for three years beyond the date you submit it to ACHE. If you have questions, contact ACHE's Customer Service Center at (312) 424-9400 or contact@ache.org.

SEND TO:

American College of Healthcare Executives
3439 Eagle Way
Chicago, IL 60678-1034
Phone (312) 424-9400
Fax (312) 424-9405

REQUIRED

I FACHE Application Checklist

Reviewing this checklist will ensure that you have completed all required sections of the application.

- I have completed all of the information on page 3. (full name, education, current position)
- I am a Member of ACHE, and I have a master's or other postbaccalaureate degree.
- I have completed all of the information on page 4. I have at least two years of healthcare management experience. I have listed the names of my three Fellow references.
- I have completed all of the information on page 5. I have signed the statement of release and agreement and included payment information with this application.

J Accompanying materials

Copy of:	Attached	Will send separately
- Current job description	<input type="checkbox"/>	<input type="checkbox"/>
- Current organizational chart	<input type="checkbox"/>	<input type="checkbox"/>
- Resume	<input type="checkbox"/>	<input type="checkbox"/>
- Copy of most recent diploma or final conferred transcript	<input type="checkbox"/>	<input type="checkbox"/>
- Reference forms (these must be submitted by current Fellows who are serving as references)		

Applicant Name

ACHE ID Number (if known)

K Notes (optional)

If you would like to provide any additional information regarding your application, please write below.

Fellow Reference Form—

Confidential



The Distinction of Board Certification

Side A: Completed by Candidate

Fellow Candidate: Complete the information on this side and then forward this form to your reference for his or her completion of the reverse side. Remember, all three of your references must be ACHE Fellows.

Reference: Please complete the reverse side of this form and fax (312-424-9405) or mail it to ACHE as soon as possible. You may also complete and submit your reference form at ache.org/FACHE. The Fellow candidate is solely responsible for following up with his/her references and ensuring ACHE receives the completed form for each reference.

Date

Reference Information

NAME

TITLE

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

Candidate Information

NAME

TITLE

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

Fellow Reference Form—

Side B: Completed by Reference

Reference: Please fax, mail or complete this form online at ache.org/FACHE.

Confidential Inquiry on Applicant for the Fellow Credential

You have been listed as a reference by the candidate whose name appears on the reverse side. We would appreciate your completing and returning this form to ACHE as soon as possible. Your reply will be held in strict confidence.

ACHE is interested in learning of the candidate's professional reputation for competence, judgment, integrity and ethics. Candidates also must have healthcare management experience in order to advance to Fellow status. Please review the definition on ache.org/FACHE. Thank you.

Do you recommend this candidate for Fellow status in the American College of Healthcare Executives?

Yes No

Does the candidate have healthcare management experience?

Yes No

Comments

SIGNATURE

DATE

IF KNOWN, PLEASE INCLUDE YOUR ACHE MEMBER ID NUMBER

Send to:
American College of Healthcare Executives (Confidential)
1 N. Franklin St., Ste. 1700
Chicago, IL 60606-3529
Phone: (312) 424-9400
Fax: (312) 424-9405

Fellow Reference Form—

Confidential



Side A: Completed by Candidate

Fellow Candidate: Complete the information on this side and then forward this form to your reference for his or her completion of the reverse side. Remember, all three of your references must be ACHE Fellows.

Reference: Please complete the reverse side of this form and fax (312-424-9405) or mail it to ACHE as soon as possible. You may also complete and submit your reference form at ache.org/FACHE.

Date

Reference Information

NAME

TITLE

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

Candidate Information

NAME

TITLE

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

Fellow Reference Form—

Side B: Completed by Reference

Reference: Please fax, mail or complete this form online at ache.org/FACHE.

Confidential Inquiry on Applicant for the Fellow Credential

You have been listed as a reference by the candidate whose name appears on the reverse side. We would appreciate your completing and returning this form to ACHE as soon as possible. Your reply will be held in strict confidence.

ACHE is interested in learning of the candidate’s professional reputation for competence, judgment, integrity and ethics. Candidates also must have healthcare management experience in order to advance to Fellow status. Please review the definition on ache.org/FACHE. Thank you.

Do you recommend this candidate for Fellow status in the American College of Healthcare Executives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the candidate have healthcare management experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments

SIGNATURE

DATE

IF KNOWN, PLEASE INCLUDE YOUR ACHE MEMBER ID NUMBER

Send to:
American College of Healthcare Executives (Confidential)
1 N. Franklin St., Ste. 1700
Chicago, IL 60606-3529
Phone: (312) 424-9400
Fax: (312) 424-9405

**Structured Interview
Fellow Reference Form—
Confidential**



Side A: Completed by Candidate

Fellow Candidate: A structured interview is a face-to-face meeting or telephone call between the Fellow candidate and the reference. During the interview, the reference should ask questions about your competence, judgment, ethics and integrity. Complete the information on this side of the form and then forward it to your reference to complete the reverse side. You are responsible for contacting the reference to arrange the interview.

To prepare for the structured interview with your Fellow reference, please review the questions on the reverse side of this form.

Reference: Please complete the reverse side of this form and fax (312-424-9405) or mail it to ACHE as soon as possible. You may also complete and submit your reference form at ache.org/FACHE.

Date

Reference Information

NAME

TITLE

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

Candidate Information

NAME

TITLE

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

Structured Interview Fellow Reference Form— Confidential

Side B: Completed by Reference

Confidential Inquiry on Applicant to Become a Fellow of the American College of Healthcare Executives

You have been listed as a reference by the candidate indicated on the reverse side. As a Fellow reference, you will be contacted by the candidate to schedule an interview. We strongly recommend that this interview be conducted face to face; however, a telephone interview is acceptable if a face-to-face meeting is not possible. Your reply will be held in the strictest confidence. ACHE is interested in learning the candidate's professional reputation for competence, judgment, integrity and ethics. Candidates also must have healthcare management experience in order to advance to Fellow status. Please review the definition on ache.org/FACHE. Thank you.

Structured Interview Questions

As a reference, please ask the candidate the following questions in your interview. Then provide your comments regarding the candidate in the space below.

1. Describe your healthcare administration career path to present. What are your career goals?
2. Why do you want to achieve Fellow status, and how do you plan to use your credential?
3. How do you plan to promote your board certification in healthcare management?
4. What role has mentoring played in the development of your career? Do you plan to mentor healthcare leaders in their careers? How?
5. How has the ACHE *Code of Ethics* guided your behavior? Why is this code important?
6. What does professionalism mean to you? Why do you think individuals join ACHE (list at least three reasons)?
7. As communities become more diverse, so must the healthcare organizations that serve them. In what ways does your organization support a racially/ethnically diverse and equal work force?
8. What can you do personally to foster diversity and equality?
9. Describe ACHE's governance structure. Include the following:
 - **Council of Regents:** Who may serve as a Regent? How are they elected? What is the role of the Regent and the Council of Regents?
 - **Board of Governors:** Who may serve as a Governor? How are they elected? Describe the role of a Governor and the Board of Governors.
10. Please describe your healthcare management experience.

Comments

SIGNATURE

DATE

IF KNOWN, PLEASE INCLUDE YOUR ACHE MEMBER ID NUMBER

Send to:
American College of Healthcare Executives (Confidential)
1 N. Franklin St., Ste. 1700
Chicago, IL 60606-3529
Phone: (312) 424-9400
Fax: (312) 424-9405

American College of Healthcare Executives Questionnaire

To help meet your professional development needs and to better target programs and services for you, please complete the following 10 questions. Thank you for your time!

1. Which of the following best describes your position (not title)?

(Circle ONE number)

Chief Executive Officer	1	Dept. Head/Director	9
Chief Operating Officer	2	Manager	10
Chief Financial Officer	3	Staff	11
Chief Information Officer	4	Consultant	12
Chief Medical Officer	5	Not currently employed	13
Chief Nursing Officer	6	Retired	14
Senior Vice President	7	Other (please specify below)	15
Vice President	8		

2. Which of the following best describes your work setting?

(Circle ONE number)

Freestanding Hospital/Medical Center	1
Member Hospital of a Non-Federal Hospital System	2
Member Hospital of a Federal Hospital System (Military/VA/IHS)	3
Corporate Headquarters of a Healthcare System	4
Ambulatory Care Facility/Group Practice	5
Managed Care/HMO/PPO	6
Post-Acute/Chronic-Care Organization	7
Public Health/Community Health/Mental Health Agency	8
Consulting Firm	9
Association	10
Educational Institution/Research Institute	11
Military (nonhospital/clinic setting)	12
Health-Related Industry (e.g., supplier, pharmaceutical or equipment manufacturer)	13
Other (please specify below)	14

3. What are the principal focus and the secondary focus (if any) of your position?

(Circle ONE number for principal focus and ONE number for secondary focus)

	Principal	Secondary
General Management	1	1
Financial Management	2	2
Nursing Services	3	3
Human Resources Management	4	4
Clinical Support Services (e.g., PT, OT, X-ray, rehab)	5	5
Ancillary Services (e.g., housekeeping, physical plant)	6	6
Medical Staff Relations/Recruitment	7	7
Information Systems/Medical Records	8	8
Quality Assurance/Utilization/Ethics	9	9
Legal/Risk Management	10	10
Marketing/Planning/Public Affairs	11	11
Medical Care Program (e.g., oncology)	12	12
Ambulatory Care/Emergency Services/Readiness	13	13
Managed Care/HMO/PPO	14	14
Long-Term Care	15	15
Home Health Service	16	16
Mental Health/Substance Abuse	17	17
Fund Development/Community Relations/Volunteers	18	18
Educational Administration/Residency Program	19	19
Teaching/Academic Research	20	20
Governance	21	21
Policy/Advocacy/Government Affairs	22	22
Other (please specify below)	23	23

(for question 10) Areas of Expertise

Governance

- 0100-Governance
- 0101-Board - Conflict Resolution, Education, Policies
- 0102-Board Selection and Recruitment Process
- 0103-For-Profit Subsidiaries Relations
- 0104-Foundation Relations
- 0105-Governance Structures
- 0106-Joint Ventures
- 0107-Lobbying - National, Provincial, State and Local
- 0108-Organizational Structure

Human Resources

- 0200-Human Resources
- 0201-CEO - Employment Contracts
- 0202-Compensation Strategies
- 0203-Downsizing
- 0204-Employment Law
- 0205-Health Professionals Legislation/Regulation
- 0206-Hiring and Performance Management
- 0207-Human Resource Administration
- 0208-Labor Relations
- 0209-Labor Strikes
- 0210-Leadership Development
- 0211-Medical Staff Development/Physician Relations
- 0212-Negotiation and Mediation
- 0213-Outsourcing Service
- 0214-Physician Recruitment/Retention
- 0215-Staff Management, Training and Development
- 0216-Staff Recruitment/Retention
- 0217-Succession Planning
- 0218-Employee Health

Finance

- 0300-Finance
- 0301-Auditors - Selection
- 0302-Business Plan Development
- 0303-Capital Asset Management
- 0304-Financial Analysis, Planning and Budgeting
- 0305-Reimbursement - Medicare/Medicaid/3rd Party
- 0306-Revenue Cycle Management
- 0307-Subrogation and Coordination of Benefits (COB)
- 0308-Underwriting
- 0309-Unrelated Business Income (UBIT)

Technology

- 0400-Technology
- 0401-Computerized Physician Order Entry
- 0402-Electronic Medical Record
- 0403-Freedom of Information/Protection of Privacy
- 0404-HIPAA
- 0405-Information Systems Selection/Implementation
- 0406-Information Systems Skills/Experience
- 0407-Medical Informatics
- 0408-Outsourcing
- 0409-Telemedicine/Telecommunications Systems

CQI

- 0500-Quality Management
- 0501-Accreditation - Joint Commission
- 0502-Accreditation - NCQA, URAC
- 0503-Benchmarking - Dashboards, Clinical Metrics
- 0504-Continuous Quality Improvement
- 0505-Leapfrog Initiatives
- 0506-Organizational Alignment
- 0507-Patient Safety
- 0508-Risk Management
- 0509-Six Sigma
- 0510-Utilization Management
- 0511-Utilization Review
- 0512-Reengineering

(continued on reverse)

Legal

- 0600-Legal
- 0601-Attorneys/Legal Counsel - Selection
- 0602-Certificates of Need
- 0603-Compliance - Medicare/Medicaid
- 0604-Credentialing and Licensing
- 0605-Government Relations
- 0606-Legal Risk Management and Antitrust Compliance
- 0607-Malpractice
- 0608-OSHA (Occupational Safety & Health Administration)
- 0609-Stark Rules

Ethics

- 0700-Ethics
- 0701-Ethics Management and Administration
- 0702-Management Ethics
- 0703-Medical Ethics

Healthcare

- 0800-Healthcare
- 0801-Ambulatory Care
- 0802-Clinical Pathways and Disease Management
- 0803-Complementary Medicine
- 0804-Field Hospital Management
- 0805-Group Practice
- 0806-Health Systems
- 0807-Home Healthcare
- 0808-Integration - Horizontal, Vertical
- 0809-Long-Term Care
- 0810-Managed Care - Contracting, Health Plans
- 0811-Network Development
- 0812-Nursing, Physicians, and Allied Professionals Roles
- 0813-Physician Compensation
- 0814-Population Health - Future Care Models
- 0815-Primary Health Care
- 0816-Rural Healthcare
- 0817-TRICARE
- 0818-Mental Health
- 0819-Outpatient
- 0820-Rehabilitation
- 0821-Nutrition
- 0822-Consumer-Driven Healthcare
- 0823-Pharmaceuticals/Drug Distribution Systems

Management

- 0900-Management
- 0901-Change Management
- 0902-Communication Skills
- 0903-Conflict Resolution
- 0904-Crisis Management
- 0905-Culture Development/Team Building
- 0906-Developing Physician Leaders
- 0907-Disaster Preparedness
- 0908-Facilities Management
- 0909-Interpersonal Skills
- 0910-Mentoring/Executive Coaching
- 0911-New Facility Construction
- 0912-Physician Practice Management
- 0913-Principles of Diversity
- 0915-Resource Management
- 0916-Restructuring/Reorganization
- 0917-Supply Chain Management

Business

- 1000-Business
- 1001-Community Relations
- 1002-Customer Service Centers
- 1003-Divestitures
- 1004-Fundraising
- 1005-Marketing and New Business

Development

- 1006-Mergers/Acquisitions/Affiliations
- 1007-Public Relations
- 1008-Strategic Alliances
- 1009-Strategic Planning

4. Indicate the type of organization responsible for establishing policies for your overall operations. (Circle ONE number)

- Not-for-Profit 1
- Investor-Owned 2
- Government: Federal 3
- Government: Nonfederal 4

5. Please indicate whether you personally (not your organization) currently maintain a license in any of the following specialties. (Circle ALL numbers that apply)

- Medicine 1
- Nursing 2
- Law 3
- Nursing Home 4
- Public Accounting (CPA) 5
- I do not hold any of the above 6

6. Are you a full-time faculty member of an undergraduate or graduate health administration program? (Circle ONE number)

- Yes 1 No 0

7. Please indicate if you wish to be included in any of ACHE's special interest areas. (Circle ALL numbers that apply)

- CEO 1
- Managed Care Executive 2
- Post-Acute/Chronic-Care Executive 3
- Systems Healthcare Executive 4
- Nurse Executive 5
- Physician Executive 6
- Group Practice Executive 7
- Rural Healthcare Executive 8
- Consultant 9
- None 10

OPTIONAL

8. Please indicate up to three areas in which you consider yourself an expert. This will be published in the online Member Directory. (Select from Areas of Expertise columns, which begin on previous page. If you do not want anything listed, leave the question blank.)

1st _____ 2nd _____ 3rd _____

9. Please indicate your gender.

- Male 1
- Female 2

10. Select the item(s) that best describe your race/ethnicity. (Circle ALL numbers that apply)

- White (non-Latino) 1
- Black (non-Latino) 2
- Hispanic/Latino 3
- Asian or Pacific Islander 4
- American Indian, Eskimo or Aleut 5

Please circle those items that you are willing to allow ACHE to release to executive search firms and others who desire lists that specify the race/ethnicity or gender of members. (Circle ALL that apply)

- Release Race/Ethnicity Release Gender Do Not Release

Name: _____

Email Address: _____

Additional Information About the Remaining FACHE Requirements

Once you pass the Board of Governors Examination

Go to my.ache.org to see what remaining requirements you must meet to advance. You have three years from the time your FACHE application is accepted to complete these requirements.

- **Healthcare management position and five years of healthcare management experience.** You must have five years of healthcare management experience before you can advance to Fellow status.*
- **Three years' tenure as an ACHE Member.** You must have at least three years of tenure as an ACHE Member, Faculty Associate or International Associate before you can advance to Fellow status.
- **Healthcare Management Continuing Education.** To become a Fellow, you need 12 hours of ACHE Face-to-Face Education credit plus 24 hours of either ACHE Face-to-Face Education credit or ACHE Qualified Education credit during the three years before you become a Fellow. ACHE will automatically track your ACHE Face-to-Face Education credit hours and they will appear at my.ache.org. You also may enter your ACHE Qualified Education credit hours at my.ache.org. For a definition of ACHE Face-to-Face Education credit and ACHE Qualified Education credit see the "Frequently Asked Questions" at ache.org/FACHE.
- **Participation in healthcare and community/civic activities.** As part of completing all the requirements to become a Fellow, you will be asked to use my.ache.org to list the following activities during the three-year period before becoming a Fellow.
 - Participation in at least two activities related to healthcare in addition to your job duties. Examples of healthcare activities may include state hospital association meetings, voluntary health agency involvement, ACHE volunteer activities (chapter meetings, Advancement Information Sessions) or other healthcare-related commitments. These activities can be one-time events or short-term commitments.
 - Participation in at least two community or civic activities. Examples of these activities may include participation in charitable organizations, religious organizations, school boards, community boards or other related activities. These activities can be one-time events or short-term commitments.

TRACK YOUR PROGRESS



Once your Fellow application has been processed, go to my.ache.org and review your FACHE application status. Visit your page often to track your progress throughout your advancement to FACHE.

*If you are currently unemployed, you may be eligible to apply for FACHE.

Suite 1700
One North Franklin Street
Chicago, Illinois 60606-3529
Phone: (312) 424-9400
Fax: (312) 424-9405
contact@ache.org
ache.org

Summary of Requirements to Become Board Certified in Healthcare Management as a Fellow of the American College of Healthcare Executives (FACHE):

- Master's or other postbaccalaureate degree
- Healthcare management position and five years of healthcare management experience
- Three years tenure as an ACHE Member, Faculty Associate or International Associate
- Three references from current Fellows (one of which must be a structured interview)
- 36 hours of Healthcare Management Continuing Education credit—at least 12 of which are ACHE Face-to-Face Education credits.*
- Participation in two healthcare related and two community/civic activities
- Pass the Board of Governors Examination in Healthcare Management

Apply online at **[ache.org/FACHE!](https://www.ache.org/FACHE)**

For more information, go to **[ache.org/FACHE](https://www.ache.org/FACHE)** or contact ACHE's Customer Service Center at (312) 424-9400 or contact@ache.org. ACHE customer service representatives are also available to assist you via Live Chat at **[my.ache.org](https://www.my.ache.org)** Monday through Friday, from 8 a.m. to 5 p.m. Central time.



AmericanCollege of
HealthcareExecutives
for leaders who care®

Suite 1700
One North Franklin Street
Chicago, Illinois 60606-3529
(312) 424-9400 Phone
(312) 424-9405 Fax
contact@ache.org
[ache.org](https://www.ache.org)