

Fellow Program Application



Please note that guidelines for the Fellow Application have changed.

Read the following carefully as candidates must meet ALL requirements to apply.

Eligibility Requirements

1. **Membership:**

All candidates must be a current AHRMM member in good standing.

2. **CMRP:**

All candidates must be a current CMRP and have held the certification for at least 4 years before applying for the FAHRMM designation.

3. **Professional Experience:**

All candidates must currently work in a health care supply chain management position and have at least 7 years of health care supply chain experience in a leadership role.

Please include the following documentation with your application:

I. Curriculum Vitae or Resume

II. Two professional references

4. **Certification Points:**

A total of 19 certification points must be earned. All certification points must be accrued after receiving your initial CMRP designation and not more than 3 years prior to submitting your application. *(See pages 2 and 3 for a detailed outline of all point values.)*

I. Continuing Education – 4 points minimum / 8 points maximum required

II. Work Experience – 5 points required

III. Professional Activities – 4 points minimum / 8 points maximum required

A. AHRMM and Supply Chain Activities

B. Health Care Provider Performance and Activities

IV. Written Paper – 12 points

5. **Community Involvement:**

All candidates must have completed 5 hours of community service or volunteer work within the past 3 years. Activities may include, but are not limited to, volunteering at non-profit organizations, participating in community events, serving as a mentor, or supporting local charities.

6. **Panel Interview**

An optional interview may be scheduled with members of the FAHRMM Committee to further discuss a candidate's qualifications.

Fellow Program Application



Certification Points

I. Continuing Education

Proof-of-attendance documentation may be required with this Fellow Application. Programs do not need to be AHRMM sponsored to qualify. Company or facility sponsored programs may qualify.

| Type | 4 points min / 8 points max |
|--|--|
| AHRMM's Annual Conference & Exhibition | 4 points per year |
| AHRMM Seminars or Regional Programs | 1 point per full day 0.5 point per half day 0.1 point per hour |
| Other Health Care Programs | 1 point per full day 0.5 point per half day 0.1 point per hour |
| Job-related College Courses | 2 points per course |

II. Work Experience

Fellows are leaders in their field and must have applicable leadership experience. All certification points *except for work experience* must be accrued *after* receiving your initial CMRP designation and not more than 3 years *before* submitting your application.

| Type | 5 points |
|---|------------------|
| Leadership role within Supply Chain (at least 3 years must be in a health care organization.) | 1 point per year |
| Consultant with strong health care supply chain expertise in an organization actively working in health care. | 1 point per year |

Fellow Program Application



III. Professional Activities

Professional activities are divided into two sections:

A) AHRMM and Supply Chain Activities and **B) Health Care Provider Performance and Activities**

Activities are characterized as contributions to AHRMM, the health care supply chain field, provider performance, and the community.

| Professional Activities | 4 points min / 8 points max |
|---|-----------------------------|
| A. AHRMM and Supply Chain Activities | |
| AHRMM Board Member or Officer | 4 points per year |
| AHRMM Committee Member (non-Board) | 2 points per year |
| AHRMM Affiliated Chapter President | 3 points per year |
| AHRMM Affiliated Chapter Officer or Chapter Committee | 2 points per year |
| AHRMM Member (national affiliation and/or Chapter Affiliate) | 1 point per year |
| Published Article in National or Regional Journal | 3 points per article |
| Published Article in GPO, Chapter, Faculty, or Company Publication | 3 points per article |
| Faculty at AHRMM Program | 3 points per program |
| Faculty at Other National Professional Group Program (outline required for documentation) | 4 points per program |
| Faculty at GPO, Chapter, Faculty, or Company Program (outline required for documentation) | 4 points per program |
| Original, unpublished paper on current aspect of health care materials or supply chain management in accordance with the "Fellow Paper Guidelines" (available on AHRMM's website). The paper must be reviewed and approved for publication by members of the AHRMM Fellow Review Committee. | 4 points |
| B. Health Care Provider Performance and Activities* | |
| Cost savings measures | 1 point per year |
| Active involvement on hospital committees | 1 point per year |
| Joint activity with another hospital or healthcare organization, such as participation on a quality team | 1 point per year |
| Community involvement | 1 point per year |

*NOTE: A short narrative describing your involvement in hospital performance or health care activity will be required with this Fellow Application. (See page 6.)

Fellow Program Application



IV. Written Papers

Those who choose to write a paper must include a topic summary and outline with this application for approval by AHRMM's Fellow Review Committee, prior to paper submission.

Written papers must be submitted in the American Psychological Association (APA) style.

Written papers should describe a new, relevant, cost-effective, innovative, or practical approach or experience in health care purchasing, materials management, or support services (i.e. developing a new procedure in order to solve a problem, trying a different management approach, etc.). Components for submittals include: title page, abstract, subject matter, paper length, bibliography, and must be written in APA format (see Fellow Paper Guidelines available on AHRMM website).

AHRMM reserves the right to publish and post accepted papers to its website. If published, credit will be given to the author. If chosen, AHRMM will host Fellow papers in the AHRMM Knowledge Center for five years from the date of publication.

Written papers will be reviewed by the Fellow Review Committee on quality and relevance of the topic to the field and will be judged as acceptable or not acceptable based on the Fellow paper rubric (available on AHRMM website). If a paper is deemed not acceptable, the applicant will be informed and may be allowed to submit a revised paper.

Final drafts must be submitted within 12 months from the date of the Fellow Review Committee's acceptance of the applicant's paper topic summary and outline. This deadline may be extended if needed and per Committee approval.

| Written Paper | 12 points |
|--|--|
| Acceptance of a topic title, paper summary and outline | Required with application |
| Acceptance of a Written Paper | Required after application, topic, abstract and outline are accepted |

Fellow Program Application



Certification Points

I. Continuing Education

Fellows require 4 points minimum / 8 points maximum.
(See page 2 for a detailed outline of point values.)

A. AHRMM Annual Conference & Exhibition

| | <u>Location</u> | <u>Year</u> |
|----|-----------------|-------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Total Points: _____

B. AHRMM Seminars or Regional Programs

| | <u>Program Title</u> | <u>Location</u> | <u>Date(s)</u> |
|----|----------------------|-----------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Total Points: _____

C. Other Full-day Health Care Programs

| | <u>Title</u> | <u>Program Sponsor</u> | <u>Date(s)</u> |
|----|--------------|------------------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Total Points: _____

D. Job-related College Courses:

| | <u>Topic</u> | <u>College</u> | <u>Date(s)</u> | <u>Credits</u> |
|----|--------------|----------------|----------------|----------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

Total Points: _____

Fellow Program Application



II. Work Experience

Fellows require 5 points for work experience. Please list employment experience with most recent position first. Number of years will account for total points earned.
(See page 2 for a detailed outline of point values.)

| | | |
|------------------------------|------|------------------------|
| Title: | | Years at Position: |
| Organization: | | Years at Organization: |
| Number of Direct Reports: | | |
| Address: | | |
| City: | | Phone: |
| State: | Zip: | |
| Supervisor's Name and Title: | | |

| | | |
|------------------------------|------|------------------------|
| Title: | | Years at Position: |
| Organization: | | Years at Organization: |
| Number of Direct Reports: | | |
| Address: | | |
| City: | | Phone: |
| State: | Zip: | |
| Supervisor's Name and Title: | | |

| | | |
|------------------------------|------|------------------------|
| Title: | | Years at Position: |
| Organization: | | Years at Organization: |
| Number of Direct Reports: | | |
| Address: | | |
| City: | | Phone: |
| State: | Zip: | |
| Supervisor's Name and Title: | | |

Fellow Program Application



III. Professional Activities

Fellows require 4 points minimum / 8 points maximum for professional activities.
(See page 3 for a detailed outline of point values.)

A. AHRMM and Supply Chain Activities:

List the activity you completed, the date and number of points. If points are for an affiliated chapter activity, identify the chapter name. If points are for participating as a faculty member, presenter, or author of a publication, please submit supporting documentation.

| | <u>Activity</u> | <u>Date(s)</u> | <u>Points</u> |
|----|-----------------|----------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Total Points: _____

B. Hospital Performance & Health Care Activities:

List the activity completed, date and number of points.

| | <u>Activity</u> | <u>Date(s)</u> | <u>Points</u> |
|----|-----------------|----------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Total Points: _____

Fellow Program Application



Explanatory Narrative: Hospital Performance & Health Care Activity

Include a short narrative describing your involvement in hospital performance or health care activity. Attach a separate sheet, if necessary.

I promise that all the information provided within this Fellow Program Application is true to the best of my knowledge. AHRMM may contact me for additional documentation or information later, if necessary.

Name (please print): _____

Signature: _____ **Date:** _____

Application Instructions

1. Complete the entire application, including all supporting documents, as necessary. (Additional documentation may be requested.)
2. Scan and email the entire application to ahrmm@aha.org. Upon receipt of your application, you will receive a return email with an invoice for payment.
3. An application fee of \$100.00 must be submitted as part of the Fellow Application. (Fees cover the cost of maintaining the program.)
4. AHRMM will notify candidates of approved applications via the email address provided.

Fellow Program Application



5. Once you have met all the requirements and your application has been approved, you have achieved the FAHRMM designation and may begin using it in your signature.
6. Fellow recognition awards are either emailed to the recipient or presented at AHRMM's Annual Conference.

Contact Information

| | | |
|--|-----------------|-------------------------------|
| Name: (print or type as it is to appear on the award certificate) | | Years in AHRMM: |
| Organization: | | Years at Organization: |
| Email: | Phone: | |
| Work Address: | | |
| City: | State: | Zip: |
| Home Address: | | |
| City: | State: | Zip: |
| Year CMRP was attained | Initial: | Renewal: |
| Notify my CEO if FAHRMM is achieved: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name and Title: | | |
| Address: | | |
| Email: | | |
| City: | State: | Zip: |