



CANADIAN COLLEGE OF HEALTH LEADERS COLLÈGE CANADIEN DES LEADERS EN SANTÉ

Learning, Leading, Inspiring Apprendre, mener, inspirer



HealthCare **leaders**

## 2011 Member Application

*Please print or type*

Name to appear on College membership certificate

Ms.  Mrs.  Mr.  Dr.

Date of birth \_\_\_\_\_  
(month/day/year)

\_\_\_\_\_  
Last name First name Middle initial

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City Province Postal code Country

\_\_\_\_\_  
Telephone Extension Fax

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Home mailing address Home telephone

\_\_\_\_\_  
City Province Postal code Country

\_\_\_\_\_  
Alternate Contact Phone Ext. Email

Preferred address for College correspondence:  Business  Home  Alternate

Language Spoken/Written:  French  English  Bilingual

Language of preference for College correspondence:  French  English

### Education

Degree/Diploma/Certificate Year awarded Institution

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Eligibility requirements

Membership to the College is available to individuals who currently hold a leadership position in a health-related organization and to those who occupy an administrative fellowship or a management, consulting, academic or senior staff position.

Applicants must also possess a degree at the baccalaureate or higher level, or be able to demonstrate evidence of progressive and cumulative advancement in health management.

#### Supporting documents required:

- Copies of diplomas and degrees previously acquired or transcripts;
- Copy of your Curriculum Vitae;
- Copy of your business card with your job description and organization chart (circle your own





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position).



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### The single best description of my organization is: (please check only one)

- |   |  |
|---|--|
| <input type="checkbox"/> Hospital                           | <input type="checkbox"/> Military                                  |
| <input type="checkbox"/> Long-term/Chronic Care             | <input type="checkbox"/> Government                                |
| <input type="checkbox"/> Multi-level Care Facility          | <input type="checkbox"/> Consulting                                |
| <input type="checkbox"/> Community Health/Ambulatory Care   | <input type="checkbox"/> Academic                                  |
| <input type="checkbox"/> Regional/District Health Authority | <input type="checkbox"/> Corporate/Industry                        |
| <input type="checkbox"/> Health Agency/Association          | <input type="checkbox"/> Aboriginal or Multicultural Health Agency |
| <input type="checkbox"/> Health Charity                     |  |

### Does your organization pay your College dues?

- Yes    No

### How did you learn about the College?

- Internet  
 Mailing  
 College Member: \_\_\_\_\_  
 College Chapter  
 College Conf.: \_\_\_\_\_  
 Other Conf.: \_\_\_\_\_  
 Professor  
 EXTRA Program  
 University: \_\_\_\_\_  
 Colleague  
 Other: \_\_\_\_\_

### CCHL Privacy Policy

The College will only use your membership information as outlined in our Privacy Policy. To view the Policy please visit [www.cchl-ccls.ca](http://www.cchl-ccls.ca).

### Membership information

Payment must be made prior to the processing of your application. If your application is not accepted, a full refund will be issued. Membership dues are based on a calendar year from January 1 to December 31. Membership fees will be prorated for NEW **Active** Members, based on the month of application.

### Membership in the College is non-transferable and non-refundable.

By completing this application, I certify that the accompanying documents are correct.

### CCHL Code of Ethics ([www.cchl-ccls.ca](http://www.cchl-ccls.ca))

I hereby certify that I am aware of the College's Standards of Ethical Conduct; that I am compliant with the Standards; and that I will abide by the By-Laws and Policies of the College pertaining to the administration of these Standards as adopted from time to time by the College.

### Method of Payment

Payment Enclosed: Jan. \$445; Feb. \$407; Mar. \$370; Apr. \$333; May \$296; Jun. \$259; Jul. \$222; Aug. \$185; Sep. \$148; Oct. \$111; Nov. \$74; Dec. \$37.

- Cheque    MasterCard    Visa    American Express

# \_\_\_\_\_

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Expiry Date

Please send invoice to:    My organization

### Please return application form to:

Canadian College of Health Leaders  
292 Somerset Street West  
Ottawa, Ontario  
K2P 0J6

Telephone: (613) 235-7218  
Toll free: 1-800-363-9056  
Fax: (613) 235-5451  
Email: [info@cchl-ccls.ca](mailto:info@cchl-ccls.ca)