

## Chapter Management Awards Program Application



Managed by the ASHHRA Regional,  
Chapter & Member Services  
Committee and the ASHHRA Staff

For More Information, contact:  
[ashhra@aha.org](mailto:ashhra@aha.org) or 312-422-3720

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## **2012 ASHHRA CHAPTER MANAGEMENT AWARDS PROGRAM**

**(For submission of 2011 chapter activities)**

### **Introduction**

Welcome to the American Society for Healthcare Human Resources Administration (ASHHRA) Chapter Management Awards Program. This program recognizes ASHHRA Chapters for their significant achievements throughout the course of the planned year in promoting effective Chapter Management, encouraging the advancement of HR Leadership in all of our health care organizations, and supporting current HR professionals within Chapters as they enhance their skills and reach new competencies.

### **IMPORTANT NOTES:**

- 1. The 2012 Chapter Management Awards Program is now handled electronically using Box.net**
- 2. Please use the Box.net Training Manual that provides instructions on how to upload and manage your files. See page 3 for access rights to Box.net for uploading your documents.**
- 3. You will also see a sample of a 2011 4-Star Chapter Winner for you to benchmark when uploading your submissions for 2012**
- 4. Each chapter will have its own folder to upload submissions**

### **Program Purpose**

The ASHHRA Chapter Management Awards Program is designed to assist you as a Chapter Leader in the efficient and effective management of your chapter. This application is intended to serve as a resource guide and to highlight some of the activities that are trademarks of successful chapters.

### **Helpful Tips**

Below are a few helpful hints to make the submission process easier:

- Assign members of your chapter leadership (e.g. committee chairpersons, committee members, etc.) various responsibilities for completing the areas that are mentioned in this application. This will help to ensure that no one individual, including you, is overwhelmed by the many responsibilities of chapter management. It will also assist you in the development of future chapter leaders in support of your chapter's leadership succession planning process.
- Identify available resources to assist you in the completion of your program (e.g. Regional Consultant, financial needs, other purchased services, etc.)
- Establish specific target dates for completion, affording you enough time for compilation and submission to ASHHRA in a timely manner.

**The deadline to submit this application and all supporting documents is  
Friday, May 4, 2012.**

### Eligibility

All nationally recognized affiliated ASHHRA Chapters may participate. The Chapter must have a current approved affiliation agreement on file with the ASHHRA national office for the 2011 program year.

### Levels of Participation & Corresponding Recognition

An ASHHRA Chapter and its leadership can earn recognition by participating in the ASHHRA Chapter Management Awards Program. This program provides the opportunity to be nationally recognized at the ASHHRA Annual Conference and to receive a monetary award, as well as free membership in ASHHRA (see below). The Program has four separate levels of participation and recognition. Chapters can decide their desired level of participation. Each Chapter that attains a recognition level will receive an award at the ASHHRA Annual Conference and Exposition as well as the following incentives:

Participation Level	Corresponding Recognition
4 Star	1. <b>\$700</b> Monetary Reward & two (2) free annual ASHHRA memberships 2. Recognition at the ASHHRA Annual Conference
3 Star	1. <b>\$400</b> Monetary Reward & two (2) free annual ASHHRA memberships 2. Recognition at the ASHHRA Annual Conference
2 Star	1. <b>\$300</b> Monetary Reward & one (1) free annual ASHHRA memberships 2. Recognition at the ASHHRA Annual Conference
1 Star	1. <b>\$100</b> Monetary Reward & one (1) free annual ASHHRA membership 2. Recognition at the ASHHRA Annual Conference
Honorable Mention	Recognition at the ASHHRA Annual Conference
1 <sup>st</sup> Time submission	1. One (1) free ASHHRA membership 2. Recognition at the ASHHRA Annual Conference.
Chapter of the Year NEW in 2012	One chapter will be recognized as “Chapter of the Year” for best submission (highest score). <b>Chapter will be awarded a plaque in addition to current recognition.</b>

The chapter is awarded the highest level (one level only) it attains in a program year based on the approved grand total of points earned in that program year. The chapter must fully achieve the participation level by attaining the minimum level of points, as indicated in the ASHHRA Points Distribution Grid. Chapter Membership Certificates must be redeemed by **December 15, 2012**.

The Program is based on five categories:

- Basic Chapter Management
- Advanced Chapter Management
- Chapter/ASHHRA Educational Opportunities
- Chapter Partnerships
- Chapter Management Activities

## ASHHRA Point Distribution Grid

To be eligible for an Award, your chapter must complete and be approved for the corresponding number of POINTS listed below.

HONORABLE MENTION	ONE STAR AWARD	TWO STAR AWARD	THREE STAR AWARD	FOUR STAR AWARD
<i>Points required</i>	<i>Points required</i>	<i>Points required</i>	<i>Points required</i>	<i>Points required</i>
*All Basic Chapter Management Items are Required	All Basic Chapter Management Items Required, plus a total of 19-38	All Basic Chapter Management Items Required, plus a total of 39-68	All Basic Chapter Management Items Required, plus a total of 69-93	All Basic Chapter Management Items Required, plus a total of 94-108

### Assistance in Completing the Awards Submission Documents

Should you have questions regarding your submission, please contact your ASHHRA Regional Consultant (RC), who is a member of the ASHHRA Regional, Chapter and Member Services Committee (RCMSC). All submissions must be uploaded to Box.net. Hard copy and flash drives will not be accepted. Contact information for your RC may be obtained from the ASHHRA national office or found at the [www.ashhra.org](http://www.ashhra.org).

### Documentation & Electronic Submission

- Each chapter is required to submit on Box.net all documentation to substantiate completion of program activities
- **Deadline for submission of this application and all supporting documents: Friday, May 4, 2012**

### SPECIAL NOTE:

Please refer to the Box.net Training Folder for a training video and manual of how to use Box.net. This folder is located under the 2012 ASHHRA Chapter Management Program Folder on Box.net. Each chapter president will receive an online invitation to gain access to this folder. The ASHHRA staff can also provide guidance on navigating through your chapter folder and walk you through the upload process.

For questions and additional information:

Emily Meskill at 312-422-3726 or [emeskill@aha.org](mailto:emeskill@aha.org)  
Sharon C. Allen at 312/422-3722 or [sallen@aha.org](mailto:sallen@aha.org)

## Chapter Award Review, Approval and Notification

Members of the ASHHRA Regional, Chapter, and Member Services Committee (RCMSC) judge all entries annually. Contact your regional consultant; see listing on pages 31-32, should you have questions.

Points are awarded for quality of programs, projects, efforts and results, as well as documentation of those activities. Emphasis in all categories is given to such items as seminars, workshops, membership growth, participation, and involvement at the local, regional, and national levels, as well as to sound chapter management.

Appropriate awards and recognition will be given at the ASHHRA Annual Conference and Exposition. Additionally, a letter from the president of ASHHRA will be sent to the chapter designating the award category and incentives attained. Chapters may also be notified by phone by the RCMSC with recommendations for changes in submission for any future entries by the chapter.

## Application Completion Instructions

### Chapter Management Activities

Each section below identifies a number of chapter management activities. Points are awarded for documented completion of the activity within the chapter's award submission materials. The points actually awarded for any given section may vary from zero to the identified maximum number of points. In other words, partial credit may be awarded, at the discretion of the reviewers.

### Extra Credit Chapter Management Activities

Each section has one (1) "extra credit" chapter management activity. This optional "extra credit" activity is meant for the chapter to have an option of submitting "other" meaningful activities that were conducted during the submission year for consideration and points. Our goal with this category is to encourage and recognize chapter innovation and creativity in designing activities and programs. As with other chapter management activities, partial credit may be awarded for "optional" activities as well.

## Submission Review Schedule

Activity	Deadline	Activity Owner	Communication
<b>Launch 2012 ASHHRA Chapter Management Award Program (CMAP)</b>	Nov. 14, 2011	Sharon Allen at ASHHRA	Email to RCs, chapter presidents, and post notice on chapters page of website
<b>Hold Webinar on CMAP and How to Use Box.net</b>	Weeks of Nov. 21 and 28, 2011	ASHHRA Staff & RCs	Email to RCs, chapter presidents, and post notice on chapters page of website
<b>Send CMAP participation reminders</b>	Monthly	ASHHRA staff	Email to chapter presidents, mention in RC's newsletters
<b>Submit chapter and individual award applications online</b>	May 4, 2012	Chapters	Instant confirmation of submission upload in Box.net
<b>Meet in Chicago to evaluate submissions and select winners</b>	June 14 – 15, 2012	RCs	Face to face meeting at ASHHRA offices in Chicago
<b>Secondary Board Review</b>	Week of June 18, 2012	Board of Directors	Report feedback to RCs and ASHHRA staff
<b>Notify chapters and individual winners</b>	Week of July 9, 2012	ASHHRA Staff	Email and formal letter to winners and individual winners' CEO

## APPLICATION COVER PAGE

Please complete this form with your chapter's information and include it with your submission.

<b>Chapter Name</b>			
<b>Star Level Applying For</b>			
<b>Region Number</b>		<b>Date of Completion</b>	
<b>Name of Person Completing Documentation</b>		<b>Title</b>	
<b>Institution</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Phone (Work)</b> (    )		<b>Chapter Web site URL (http://www.)</b>	
<b>Phone (Mobile)</b> (    )		<b>Email</b>	
<b>Check the type of organization you are employed with:</b>	<input type="checkbox"/> <b>Hospital</b> <input type="checkbox"/> <b>Non Hospital: Assisted Living, Extended Care, Long Term</b> <b>Other, please specify:</b> _____		
<b>Date of Last Submission</b>		<b>Chapter's 1<sup>st</sup> Submission</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

By my signature below, I certify that the information submitted and activities described herein are accurate as of the date submitted and only reflect the activities of our chapter from January 1 – December 31, 2011.

<b>Chapter Officer Signature</b>		<b>Signature Date</b>	
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<b>Section 1</b>	<b>Basic Chapter Management</b> <b>All requested material required for this section</b>
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Check <input checked="" type="checkbox"/> if completed	<b>Basic Chapter Management</b>	*Required	Approved
<input type="checkbox"/>	<p><b>1. Chapter Membership Roster.</b> Chapter must submit a membership roster that identifies the following:</p> <ul style="list-style-type: none"> <li>▪ Each individual identified by full name, address, phone and email</li> <li>▪ Each individual's ASHHRA national and local Chapter membership identified</li> <li>▪ Chapter leadership identified</li> </ul> <p><b>Documentation Required:</b> Chapter Roster with appropriate details identified. (See addendum 1, page 19).</p>	*	
<input type="checkbox"/>	<p><b>2. Chapter Membership Campaign Goals and Results</b></p> <ul style="list-style-type: none"> <li>▪ Chapter conducts membership campaign, describing the program, the numerical membership increase goal and the numerical results attained:</li> </ul> <p><b>Documentation Required:</b></p> <ul style="list-style-type: none"> <li>• Campaign Goals</li> <li>• Campaign Material</li> <li>• Campaign Results</li> </ul>	*	
<input type="checkbox"/>	<p><b>3. ASHHRA Membership Promotion Planning</b> Chapter demonstrates how ASHHRA membership is promoted within the local Chapter.</p> <p><b>Documentation Required:</b> Provide material or tool used to promote ASHHRA Membership</p>	*	
<input type="checkbox"/>	<p><b>4. Chapter Bylaws and National Affiliation Agreement</b> Chapter has formally adopted approved Bylaws affiliating Chapter with National ASHHRA organization.</p> <p><b>Documentation Required:</b> Copy of Bylaws stating approved national affiliation agreement.</p>	*	
<input type="checkbox"/>	<p><b>5. Chapter Bylaws – President must be an ASHHRA member</b> <b>Chapter Bylaws state the Chapter's President must be an ASHHRA National member.</b></p> <p>Documentation Required: <b>Copy of Chapter By-laws with section stipulating ASHHRA membership requirement highlighted.</b></p>	*	



Check <input checked="" type="checkbox"/> if completed	<b>Basic Chapter Management</b>	*Required	Approved
<input type="checkbox"/>	<p><b>6. Chapter Budget</b> Chapter is to have both an annual budget report and an annual financial report published for Chapter membership</p> <ul style="list-style-type: none"> <li>▪ Provide chapter annual budget (see Addendum 3, pg 21)</li> <li>▪ Provide chapter annual financial report (see Addendum 4, pg 22)</li> </ul> <p><b>Documentation Required:</b> Appropriate communication could be email, newsletter, meeting minutes, and posting to website.</p>	*	
<input type="checkbox"/>	<p><b>7. Chapter Annual Objectives and President Report</b> Chapter is to have written annual objectives. The Chapter President is to have annual goals written report of the results of the Chapter's annual objectives submitted to the Chapter membership.</p> <p><b>Documentation Required:</b> Submit a copy of communication of annual objectives results based on current President term.</p>	*	
<input type="checkbox"/>	<p><b>8. Executive Committee/Board Meetings</b> Chapter is to have held at least two executive committee/board meetings during the year.</p> <p><b>Documentation Required:</b> Attach two meeting agendas and the associated meeting minutes, the names and Chapter Leadership titles of those in attendance at the meeting.</p>	*	
<input type="checkbox"/>	<p><b>9. Meeting Management – Communication of Minutes</b> Chapter is to have meeting minutes from a chapter meeting.</p> <p><b>Documentation Required:</b> Submit copy of meeting minutes and submit documented evidence of how the minutes were communicated to the entire membership. Submit copy of email with recipient addresses visible. Examples of notification could be by: email, newsletter, posted to website message.</p>	*	
<input type="checkbox"/>	<p><b>10. Election of Chapter Officers</b> Chapter is to submit a document/email communicated to the Regional Consultant and the ASHHRA Office in Chicago, indicating current officers.</p> <p><b>Documentation Required:</b> Copy of communication sent to ASHHRA and Regional Consultant indicating elected officers annually.</p>	*	
<input type="checkbox"/>	<p><b>11. Application Cover Page</b> Star level for which with chapter is applying</p>	*	
<b>Section 1: Basic Chapter Management</b>		<b>Completed</b>	<b>Yes / No</b>

Check <input checked="" type="checkbox"/> if completed	Section 2 Advanced Chapter Management	Points Available	ASHHRA Approved Points
<input type="checkbox"/>	<p><b>12. New Member Orientation</b> Chapter is to have conducted orientation program for new members. Describe the Chapter's orientation program. <b>Documentation Required:</b> Submit new member program agenda.</p>	1	
<input type="checkbox"/>	<p><b>13. Chapter Membership Diversity</b> Chapter develops and implements membership diversity initiative to promote an inclusive membership which could include diversity from within the health care industry at-large (i.e. long-term care, medical group management, home health, health care vendors, and other partners, etc.) <b>Documentation Required:</b> Copy of Chapter membership diversity program and measured results. Copy of specific outreach efforts (i.e. copies of membership invitation letters/emails sent to area health care organizations. Identify diversity of your group.</p>	1	
<input type="checkbox"/>	<p><b>14. Chapter Bylaws – Officers must be ASHHRA members</b> Chapter Bylaws state that the Chapter's leadership must be ASHHRA National members.</p> <ul style="list-style-type: none"> <li>▪ Vice President</li> <li>▪ Secretary</li> <li>▪ Treasurer</li> </ul> <p><b>Documentation Required:</b> Copy of Chapter Bylaws with section stipulating ASHHRA membership requirement highlighted.</p>	1-3	
<input type="checkbox"/>	<p><b>15. Chapter Committees</b> Chapter establishes committees, which serve to meet the objectives and needs of the Chapter in several areas:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Membership</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Bylaws</li> <li><input type="checkbox"/> Communication</li> <li><input type="checkbox"/> Legislation</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul> <p>Chapter maintains Committee Roster with names of <u>Committee Chairperson and committee members</u> and the objectives and results based on the Chapter's needs. <b>Documentation Required:</b> Submit copy of each committee's objective. (See Addendum 2, page 20).</p>	1-5	
<input type="checkbox"/>	<p><b>16. ASHHRA Leadership Conference and Annual Conference</b> Chapter President and/or designated representative of the chapter attended the Annual ASHHRA Leadership Conference and Annual Conference 2011. <b>Documentation Required:</b> Provide the names of the individual in attendance at the ASHHRA Leadership Conference and Annual meeting. Submit a copy of the policy or statement in the Chapter By-laws or a copy of the Chapter annual budget, or a monthly financial/treasurer report where the ASHHRA Leadership Conference and Annual Conference expenses are noted.</p>	1-2	

Check <input checked="" type="checkbox"/> if completed	Section 2 Advanced Chapter Management	Points Available	ASHHRA approved Points
<input type="checkbox"/>	<p><b>17. Chapter Recognition – ASHHRA Awards Program Nominations</b> Chapter nominated an ASHHRA award recipient for the ASHHRA Annual Conference &amp; Exposition Awards program in 2011.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chapter Officer</li> <li><input type="checkbox"/> Chapter Achievement</li> <li><input type="checkbox"/> HR Leader</li> <li><input type="checkbox"/> ASHHRA National Mentorship Award</li> </ul> <p><b>Documentation Required:</b> Submit a copy of the nomination form or a copy of the congratulatory letter from <b>2011</b>.</p>	1-4	
<input type="checkbox"/>	<p><b>18. Chapter Newsletter</b> Chapter distributed a minimum of two (2) newsletters (hardcopy or electronic to entire membership).</p> <p><b>Documentation Required:</b> Submit electronic version of each newsletter.</p>	1	
<input type="checkbox"/>	<p><b>19. Chapter Programs/Projects</b> Chapter conducted/sponsored Human Resources programs or projects, such as salary surveys, benefit surveys, legislative activities, skill inventories.</p> <p><b>Documentation Required:</b> Submit sample of the program or project with objectives and follow-through.</p>	1	
<input type="checkbox"/>	<p><b>20. Regional Collaboration with other ASHHRA Chapters</b> Show interaction between your Chapter and other Chapters within the region.</p> <p>Examples are:</p> <ol style="list-style-type: none"> <li>1. Joint program, joint venture, joint webinar</li> <li>2. Participated on RC conference calls at a three week minimum</li> </ol> <p><b>Documentation Required:</b> Submit evidence of participation via meeting roster.</p>	1	
<input type="checkbox"/>	<p><b>21. National ASHHRA Participation</b> Chapter member(s) contributed to ASHHRA national activities, other than attendance at educational activities, (i.e. served on an ASHHRA committee, served as a legislative liaison, volunteered for an ASHHRA Task Force, submitted an article to an ASHHRA publication, or contributed to the Regional Consultant newsletter).</p> <p><b>Documentation Required:</b> Submit copies of programs, minutes, ASHHRA rosters and/or correspondence.</p>	1	
<input type="checkbox"/>	<p><b>22. Chapter Website</b> Develop, launched, or maintenance of Chapter web site that includes all below:</p> <ul style="list-style-type: none"> <li>▪ Chapter Leadership Directory</li> <li>▪ ASHHRA Leadership, include (ASHHRA President, Executive Director, Regional Consultant)</li> <li>▪ Chapter Calendar</li> <li>▪ Chapter Bylaws</li> <li>▪ Link to ASHHRA National website</li> </ul> <p><b>Documentation Required:</b> Copy of screenshots of items above.</p>	1	
<input type="checkbox"/>	<p><b>23. Chapter Website – Advanced (Web Presence)</b> In addition to maintaining a functional Chapter website, do the following:</p> <ul style="list-style-type: none"> <li>▪ Link chapter website to state association Web site.</li> <li>▪ Provide ability for members to join or renew their chapter membership online.</li> </ul>	1	

	<ul style="list-style-type: none"> <li>▪ Provide ability for members to register for chapter meetings and/or events online.</li> </ul> <p><b>Documentation Required:</b> Submit copies and/or documentation to substantiate completion, including website url.</p>		
<input type="checkbox"/>	<p><b>24. Chapter Leader Position Descriptions</b> Develop or maintain position descriptions for chapter leaders. <b>Documentation Required:</b> Submit copies and/or documentation to substantiate completion.</p>	1	
<input type="checkbox"/>	<p><b>25. Leadership Transition Meeting</b> Conduct an annual leadership transition and/or strategic planning meeting. <b>Documentation Required:</b> Submit copies and/or meeting agenda and minutes from meeting.</p>	1	
<input type="checkbox"/>	<p><b>26. Chapter Leadership Succession Planning</b> Implement or maintain a succession plan to identify potential and future leaders. <b>Documentation Required:</b> Submit copies and/or documentation to substantiate completion.</p>	1	
<input type="checkbox"/>	<p><b>27. Chapter Reward and Recognition</b> Recognize or reward chapter volunteer leaders other than ASHHRA Awards program. <b>Documentation Required:</b> Submit documentation to substantiate completion.</p>	1	
<input type="checkbox"/>	<p><b>28. Chapter Code of Ethics</b> Adopt a Code of Ethics for the chapter. <b>Documentation Required:</b> Submit copies and/or documentation to substantiate completion.</p>	1	
<input type="checkbox"/>	<p><b>29. Promotion of ASHHRA</b></p> <ul style="list-style-type: none"> <li>▪ Display ASHHRA promotional materials at meetings.</li> <li>▪ Provide an ASHHRA benefits update at chapter meeting(s). (Helpful hint: A PowerPoint presentation with script is available from the ASHHRA National office.)</li> <li>▪ Highlight ASHHRA activities or services in chapter newsletter and/or on chapter Web site.</li> </ul> <p><b>Documentation Required:</b> Submit copies and/or documentation to substantiate completion.</p>	1	
<input type="checkbox"/>	<p><b>30. Contribution to ASHHRA Publications</b> Submit an article, white paper, competitive practice, resource, or tool to include in an ASHHRA publication (print or online). (An individual chapter member could make the submission.) <b>Documentation Required:</b> Submit copies and/or documentation to substantiate completion.</p>	1	
<input type="checkbox"/>	<p><b>31. Extra Credit:</b> (Submit additional activity not mentioned anywhere in the program). Provide evidence. Examples: Additional newsletters, chapter blogs/online forums.</p>	1	
<b>Section 2: Advanced Chapter Management</b>		<b>Total Possible Points</b>	<b>30</b>

Check <input checked="" type="checkbox"/> if completed	Section 3 Educational Opportunities	Points Available	ASHHRA approved Points	
<input type="checkbox"/>	<p><b>32. Chapter Educational Meeting/Program:</b></p> <ul style="list-style-type: none"> <li>▪ Chapter is to have conducted an educational program. The submission could be one program <u>or</u> multiple programs. Chapter can earn four points per educational hour with a maximum of no more than eight hours/programs. “Lunch and learn” is acceptable provided the the presentation portion is at least one hour. Breaks and lunch time min/hrs should not be included in total earned hours.</li> </ul> <p><b>For program presented: Submit a summary of the individual evaluations including total number of evaluations collected.</b></p> <p><b>Also provide:</b></p> <ul style="list-style-type: none"> <li>• Brochure, Flyer, email notice, website publicizing program.</li> </ul>	4 per hr (up to 32 total points)		
<input type="checkbox"/>	<p><b>33. ASHHRA Educational Program</b></p> <p>Attended an ASHHRA-sponsored program related to the Five Competencies. One submission per competency:</p> <ul style="list-style-type: none"> <li>• Reach Beyond the Expected – HR Delivery</li> <li>• Embracing New Learning – Healthcare Business Knowledge</li> <li>• Raise Your Voice Community Citizenship</li> <li>• Lead With Your Heart – People Strategies</li> <li>• Exemplify Excellence – Personal Leadership</li> </ul> <p>And/or</p> <p>Chapter officer and/or chapter member(s) have attended an ASHHRA-sponsored program such as senior executive forum, webinar, or annual meeting learning session related to the ASHHRA competencies.</p> <p><b>Documentation Required:</b> Copy of registration form or program confirmation listing learning selections.</p>	2 per program (up to 12 total points)		
<input type="checkbox"/>	<p><b>34. Extra Credit:</b> (Submit an additional one-hour program not mentioned anywhere else in the program as evidence).</p>	6		
Section 3: Educational Opportunities		Total Points Possible	50	

Check <input checked="" type="checkbox"/> if completed	Section 4 Chapter Management Activities	Points Available	ASHHRA approved Points
<input type="checkbox"/>	<p><b>35. Chapter Partnerships</b> Work in partnership with another ASHHRA chapter. (Examples include: Hold a joint educational or other program, assist another chapter in a related project, work together for a common cause or charity, etc.)</p> <ul style="list-style-type: none"> <li>• Joint conference call (1 points) maximum per year</li> <li>• Conducted joint webinar (2 point) maximum per year</li> <li>• Administered Salary/Compensation survey (2 points) maximum per year</li> <li>• HRCI approved program (2 points) maximum per year</li> <li>• Joint conference (4 points) maximum per year</li> <li>• Other not mentioned above (1 point) maximum per year</li> </ul> <p><b>Documentation Required:</b> a brochure, email notification to recipient list, agenda, minutes, planning doc.</p>	0-6	
<input type="checkbox"/>	<p><b>36. Chapter/Chapter Member Community Partnerships</b></p> <ul style="list-style-type: none"> <li>▪ Show documentation of interaction with other allied health care or professional organizations (i.e., American Nurses Association, National Association of Social Workers, American Physical Therapy Association, HFMA, SHRM, state professional associations, etc.)</li> </ul> <p><b>Documentation Required:</b> Submit copies of letters, minutes, programs, etc.</p>	2	
<input type="checkbox"/>	<p><b>37. Chapter Scholarship</b></p> <ul style="list-style-type: none"> <li>▪ Chapter conducted a scholarship/internship or other related professional enhancement program for its members or those who aspire to the human resources profession.</li> </ul> <p><b>Documentation Required:</b> Submit a description of the program.</p>	2	
<input type="checkbox"/>	<p><b>38. Chapter-sponsored - Community Projects/Activities</b></p> <ul style="list-style-type: none"> <li>▪ Chapter conducted or sponsored additional programs or projects that have not been covered under other categories (i.e. partnerships with schools, school involvement in Chapter activities, research projects, community service projects, awarding of CEU's).</li> </ul> <p><b>Documentation Required:</b> Submit a description of the program. Submit copies of programs, minutes, and/or correspondence.</p>	2	
<input type="checkbox"/>	<p><b>39. Chapter member – Community Involvement</b></p> <ul style="list-style-type: none"> <li>▪ Chapter members participated in human resources activities outside the Chapter activities (i.e., teaching, seminar leaders, task force, committees other than ASHHRA, etc.).</li> </ul> <p><b>Documentation Required:</b> Submit a description of the program. Submit copies of programs, minutes, and/or correspondence.</p>	2	
<input type="checkbox"/>	<p><b>40. Advocacy</b></p> <ul style="list-style-type: none"> <li>▪ Chapter or chapter members actively participated in legislative activities on a state or federal level. Participation can include contributing to a political action committee, communication with state or federal representatives, inviting legislative representatives to speak during meetings, etc.</li> </ul> <p><b>Documentation Required:</b> Submit documentation of activity (i.e. letters, programs, budget allocation, etc.)</p>	2	

Check <input checked="" type="checkbox"/> if completed	Section 4 Chapter Management Activities	Points Available	ASHHRA approved Points	
<input type="checkbox"/>	<p><b>41. A member of the chapter has participated in the National ASHHRA Mentorship Program as a mentee, mentor, or committee/task force member.</b></p> <p><b>Documentation Required:</b> Provide documented evidence.</p>	4		
<input type="checkbox"/>	<p><b>42. Extra Credit:</b> (Submit additional activity not mentioned anywhere in the program). Use this area to “showcase” the special projects/services that your chapter provides that are not already reflected elsewhere. Provide evidence. <b>NOTE:</b> All 8 extra credit points will be given to chapters with an ASHHRA regional consultant representative. <b>Documentation required:</b> Submit name of regional consultant.</p>	8		
Section 4: Chapter Management Activities		Total Possible Points	28	

The scoring sheet below is for each chapter to complete. Each chapter should fill in the expected score based upon the amount of information that was submitted with this application and uploaded to Box.net. NOTE: A chapter's expected points cannot exceed the total point available.

<b>American Society for Healthcare Human Resources Administration (ASHHRA) Chapter Management Awards Program SCORING of TOTAL POINTS EXPECTED</b>			
<b>Section</b>	<b>Title</b>	<b>Total Points Available</b>	<b>Total Points Expected</b>
1	Basic Chapter Management (questions 1-10)	-	-
2	Advanced Chapter Management (questions 11-30)	30	
3	Chapter/ASHHRA Educational Opportunities (questions 31-33)	50	
4	Chapter Management Activities (questions 34-41)	28	
<b>Possible Grand Total</b>		<b>108</b>	



## Chapter Management Recognition Program Evaluation

1. Did the Chapter Management Four-Star Awards Program add value to your chapter?  Yes  No  Somewhat

Comments: \_\_\_\_\_

2. Did the program help you in managing your chapter?  Yes  No  Somewhat

Comments: \_\_\_\_\_

3. Did the award submission forms help you in preparing materials for the Chapter Management Four-Star Awards Program?  
 Yes  No  Somewhat

Comments: \_\_\_\_\_

4. Please check all items that you believe add value to the management of your chapter.

- ASHHRA Membership
- Officers are ASHHRA Members
- Promotion of ASHHRA
- Participation in ASHHRA committees, task forces, and as officers
- Financial support of officers to attend national ASHHRA
- Chapter new member orientation conferences
- Chapter membership campaign
- Chapter objectives
- Chapter budget
- Annual objectives and financials to memberships
- Chapter Board meetings
- Four (4) or more chapter member meetings per year
- Chapter meeting minutes
- Chapter program evaluations
- Chapter committees
  - Membership
  - Programming
  - Bylaws
  - Legislative
  - Publicity
  - Other
- Chapter sponsored internships
- Collaboration with other chapters
- Collaboration with other professional associations
- Chapter sponsored scholarships
  - Chapter newsletters

5. Please comment and make suggestions on the format for improving this Chapter Management awards submission process.

\_\_\_\_\_

6. If you could change one thing to improve this process, what would it be?

\_\_\_\_\_

## Final Submission Checklist

<input checked="" type="checkbox"/> Check if Complete	Instructions
<input type="checkbox"/>	All materials have been submitted electronically on Box.net (in Microsoft Word or Adobe Acrobat - pdf) files. <b>No email submissions will be accepted</b>
<input type="checkbox"/>	The entry includes each chapter activity clearly identified.
<input type="checkbox"/>	The application cover page has been completed and placed as the first page of the submission.
<input type="checkbox"/>	The Chapter Management Star Award supporting documents have been provided according to the desired star level submitted for review and approval.
<input type="checkbox"/>	No excess documentation has been included in the submission.
<input type="checkbox"/>	The Chapter Management Recognition Program Evaluation form has been completed.

**I certify by my signature below, that I have read and followed the instructions in the Chapter Management Recognition Program guidebook, and that all statements made therein are true and accurate to the best of my knowledge.**

<b>Main Coordinator (Full Name)</b>			
<b>Main Coordinator (Signature)</b>		<b>Date</b>	
<b>Phone (Work)</b>		<b>Fax</b>	
<b>Phone (Mobile)</b>		<b>Email</b>	

**Addendum 1**  
**SAMPLE ROSTER**  
XYZ HEALTH CARE HUMAN RESOURCES ASSOCIATION  
Chapter Roster

Full Name (First, MI, Last)	Job Title and ASHHRA Title	Organization	Address Street, City, ZIP	Phones Work Mobile (Fax)	Email	ASHHRA National Member (Y or N)	XYZ Chapter Member (Y or N)
	Chapter President					Y	Y
	Chapter VP					Y	Y
	Chapter Secretary					Y	Y
	Chapter Treasurer					Y	Y
	Chapter Committee Chairperson – X Committee					Y	Y
	List of non officer chapter members					Y	Y

**Addendum 2**  
**SAMPLE CHAPTER COMMITTEE ROSTER**  
**XYZ HEALTH CARE HUMAN RESOURCES ASSOCIATION**  
**Chapter Committee Roster**

Chapter Committee	Position	Full Name (First, MI, Last)
XYZ Chapter – Legislative Committee (Four Committee Members)	Committee Chairperson:	
	Committee Member	
	Committee Member	
	Committee Member	
	Committee Member	
XYZ Chapter – Bylaws Committee (Four Committee Members)	Committee Chairperson:	
	Committee Member	
	Committee Member	
	Committee Member	
	Committee Member	
XYZ Chapter – ABC Committee (Four Committee Members)	Committee Chairperson:	
	Committee Member	
	Committee Member	
	Committee Member	
	Committee Member	
XYZ Chapter – ABC Committee (Four Committee Members)	Committee Chairperson:	
	Committee Member	
	Committee Member	
	Committee Member	
	Committee Member	
XYZ Chapter – ABC Committee (Four Committee Members)	Committee Chairperson:	
	Committee Member	
	Committee Member	
	Committee Member	
	Committee Member	

**Addendum 3**  
**SAMPLE BUDGET**  
XYZ HEALTH CARE HUMAN RESOURCES ASSOCIATION  
APPROVED BUDGET

(CHAPTER FISCAL YEAR)

**REVENUE**

Regular Memberships	73 x \$70	\$1,460
Affiliate and Associate Memberships	13 x \$15	195
New Members	24 x \$25	<u>600</u>
	<b>TOTAL REVENUE</b>	<b><u>\$2,255</u></b>

**EXPENSES**

Postage		\$ 499
Printing		50
Lunch		216
Stationery		173
Speaker Honorarium		600
Golden Rules (3 year supply)		288
President (ASHHRA Meeting Registration)		275
Miscellaneous		<u>54</u>
	<b>TOTAL EXPENSES</b>	<b><u>\$2,255</u></b>
<b>EXCESS OF EXPENSE OVER REVENUE</b>		<b><u>\$ 0</u></b>

**Addendum 4**  
**SAMPLE FINANCIAL REPORT**  
**XYZ HEALTH CARE HUMAN RESOURCES ASSOCIATION**  
**FINANCIAL REPORT**

(CHAPTER FISCAL YEAR)

Balance on Hand:	August 1, 2010	\$1,299.82	
Receipts:	Dues and other income	\$6,533.00	
	Seminar	<u>2,475.00</u>	
	Deposits 8-1-09 to 10-25-10	<u>\$9,008.00</u>	
Disbursements:	Accounting	\$ 25.00	
	Awards	86.27	
	Bank Charges	36.35	
	Bonding	25.00	
	Career Day	75.00	
	Holiday Party Tip	25.00	
	Meeting Lunches	4,406.27	
	Office Supplies	43.56	
	Postage	446.82	
	Printing	318.00	
	Seminar	2,984.23	
	Speakers	326.04	
	Tapes and Films	<u>220.50</u>	<u>\$9,018.04</u>
Balance on Hand:	October 25, 2010		<u>\$1,289.78</u>
Balance in checking account as of	October 25, 2010		<u>\$1,279.78</u>

# **Congratulations!**

**You have completed the  
ASHHRA 2012 Chapter  
Management  
Awards Program!**

**Thank you for your continued  
support of the local chapter and  
the  
American Society for Healthcare  
Human Resources  
Administration**

# APPENDIX

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**- FOR RCMSC Use Only -**  
**ASHHRA Regional, Chapter, and Member Services Committee**  
**Chapter Scoring Sheet**

<b>Chapter Name</b>			
<b>State</b>		<b>Region Number</b>	
<b>Submission Category</b>	<b>Level Submitted by Chapter Leadership For Review &amp; Approval by RCMSC</b>	<b>Level Verified as Complete by RCMSC Review (RCMSC Final Recommendation)</b>	
1 <sup>st</sup> Time Submission			
Honorable Mention			
1 Star			
2 Star			
3 Star			
4 Star			

Judge #1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print Full Name)

Comments:

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Judge #1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print Full Name)

Comments:

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**For Office Use Only**

\_\_\_\_\_ Date notification sent to chapter with cc to Regional Consultant  
 \_\_\_\_\_ Date if selected, notification sent to chapter president  
 \_\_\_\_\_ Date if selected, plaque ordered

## Outstanding Chapter Achievement Award Evaluation Form

*Not limited to one recipient*

Regional Consultant Checklist

*(For use at annual RC award review meeting)*

Date	
Applicant Name & Chapter Name	
Regional Consultant Reviewing Application	
Do you recommend?	

Eligibility		Yes	No
1	Application indicates that she/he is a member of a local chapter or an ASHHRA member. <b>(Required)</b>		
2	Is not a Chapter Officer <b>(Cannot be to qualify)</b>		
3	Accomplishments must have been completed in the calendar year under review.		
4	Demonstration of significant contribution as an HR leader at the chapter/regional/national level or demonstration of significant contribution as an HR leader in chapter activities and/or special projects that advance the health care HR profession. <b>List samples below</b>		
5	Includes approval signature of Chapter President <b>(Required)</b>		
6	Includes approval signature of Regional Consultant <b>(Required)</b>		

<b>List examples found in the application</b>

### For Office Use Only

\_\_\_\_\_ Date notification sent to applicant with cc to Regional Consultant  
 \_\_\_\_\_ Date if selected, notification sent to winner's boss and CEO  
 \_\_\_\_\_ Date if selected, plaque ordered

## Outstanding Chapter Officer Evaluation Form

*Not limited to one recipient*

**Regional Consultant Checklist**

*(For use at annual RC award review meeting)*

<b>Date</b>	
<b>Applicant Name &amp; Chapter Name</b>	
<b>Regional Consultant(s) Reviewing Application</b>	
<b>Do you recommend?</b>	

	Eligibility	Yes	No
1	Does application reflect that he/she is an ASHHRA member. <b><i>(Required)</i></b>		
2	Is a Chapter Officer (President, President-Elect/Vice President, Treasurer, Secretary) as defined by ASHHRA. <b><i>(Required)</i></b>		
3	Accomplishments must have been completed in the calendar year under review.		
4	Demonstration of significant contribution to an ASHHRA chapter through excellence in chapter management and/or distinguished leadership. <b><i>List samples below</i></b>		
5	Includes approval signature of Regional Consultant		

**List supporting examples found in the application**

**For Office Use Only**

\_\_\_\_\_ Date notification sent to applicant with cc to Regional Consultant  
 \_\_\_\_\_ Date if selected, notification sent to winner's boss and CEO  
 \_\_\_\_\_ Date if selected, plaque ordered

**Communication Award**  
*Not limited to one recipient*  
**Regional Consultant Checklist**  
*(For use at annual RC award review meeting)*

<b>Date</b>	
<b>Applicant Name &amp; Chapter Name</b>	
<b>Regional Consultant Reviewing Application</b>	
<b>Do you recommend?</b>	

	Eligibility	Yes	No
1	Application form is complete (with all check boxes and questions answered).		
2	Author must be an ASHHRA member.		
2	Accomplishments must have been completed in the calendar year under review.		
3	<p><b>Documentation reflects that the following criteria were met</b></p> <p>Material must have relevancy to ASHHRA members and the health care human resource profession</p> <ul style="list-style-type: none"> <li>• Materials may be submitted in either hard copy or electronic format</li> <li>• Particular focus on unique, original, and innovative ways of delivering communication</li> <li>• Communication must actually have been used in the organization during the awards year (2011)</li> <li>• Entrants / organization must own or have clear rights to entries</li> <li>• Materials must be planned, developed, and implemented by the submitter; materials developed and created by a third party for an organization will not be considered</li> <li>• Must be authored or co-authored by ASHHRA member (ASHHRA member must demonstrate at least 50% participation and demonstrate involvement)</li> <li>• Content must be organized in a logical and efficient manner.</li> <li>• Must be considered of value as “best practice” for ASHHRA members to learn from.</li> <li>• Must be relevant to ASHHRA HR Leader Model Competencies:  <b>HR Delivery - Healthcare Business Knowledge - Community Citizenship - People Strategies - Personal Leadership</b></li> </ul>		
4.	<b>Documentation must include a one page maximum narrative of outcomes or business results of submission.</b>		

Briefly note why the applicant was or was not recommended for this award. Be specific – especially if not selected in order to use in documentation to the applicant:

**For Office Use Only**

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 \_\_\_\_\_ Date if selected, notification sent to winner’s boss and CEO  
 \_\_\_\_\_ Date if selected, plaque ordered

## National Mentorship Award

*Not limited to one recipient*

**Regional Consultant Checklist (For use at annual RC award review meeting)**

<b>Date</b>	
<b>Applicant Name &amp; Chapter Name</b>	
<b>Regional Consultant Reviewing Application</b>	
<b>Do you recommend?</b>	

	Eligibility	Yes	No
1	Application indicates that the nominator and nominee are both ASHHRA members, each with at least 5 years of consecutive membership. <b>(Required)</b>		
2	Accomplishments must have been completed in the calendar year under review.		
3	<p><b>Documentation includes three supporting letters,</b> One from an ASHHRA Chapter Officer, and two additional members (ASHHRA Chapter Members and/or ASHHRA National Members. One letter must be from the nominator) who have benefited from the nominee's mentorship as follows:</p> <p><b>Role Model</b></p> <ul style="list-style-type: none"> <li>• Provides a model for civil and appropriate behavior and attitudes</li> <li>• A person that the mentee admires or wants to be like</li> <li>• Has qualities/values that the mentee desires for self</li> <li>• Expands the mentee's perspective and definition of their profession</li> </ul> <p><b>Teacher</b></p> <ul style="list-style-type: none"> <li>• Helped mentee to acquire knowledge, information and/or skills</li> <li>• Shows mentee how to do things</li> <li>• Participates in learning new things</li> </ul> <p><b>Resource</b></p> <ul style="list-style-type: none"> <li>• Provides opportunities to try new experiences</li> <li>• Introduces mentee to new people, places, interest or ideas</li> <li>• Encouraged mentee to approach other people as resources</li> <li>• Suggests new sources of information</li> </ul> <p><b>Support</b></p> <ul style="list-style-type: none"> <li>• Boosts self-esteem of mentee</li> <li>• Conveys warm, caring demeanor towards mentee as a person</li> <li>• Gives support and encouragement</li> <li>• Listens to ideas and concerns</li> <li>• Expresses belief in mentee's abilities</li> </ul> <p><b>Companion</b></p> <ul style="list-style-type: none"> <li>• Enjoys doing things with mentee</li> <li>• Shares interests and experiences</li> <li>• Takes time for talking with and listening to mentee</li> </ul>		

Briefly note why the applicant was or was not recommended for this award. Be specific – especially if not selected in order to use in documentation to the applicant:

### For Office Use Only

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 \_\_\_\_\_ Date if selected, notification sent to winner's boss and CEO  
 \_\_\_\_\_ Date if selected, plaque ordered

**HR Leader Award**  
**ONLY ONE SELECTED PER YEAR**  
**Regional Consultant Checklist**  
*(For use at annual RC award review meeting)*

<b>Date</b>	
<b>Applicant Name &amp; Chapter Name</b>	
<b>Regional Consultant Reviewing Application</b>	
<b>Do you recommend?</b>	

Eligibility		Yes	No
1	Application indicates that she/he has been an ASHHRA member for last five consecutive years. <b>(Required)</b>		
2	Has not been an ASHHRA Board member for last three years <b>(Cannot be to qualify)</b>		
3	Accomplishments must have been completed in the calendar year under review.		
4	Documentation includes brief biography		
5	<ul style="list-style-type: none"> <li>• Documentation includes a word document (three pages max) that demonstrates the following attributes:</li> </ul> <p><b>Demonstrated active participation at the local level through the following:</b> Chapter leadership, educational programming success, coordination and completion of special projects or activities</p> <p><b>Demonstrated active participation at the national level through the following:</b> Committee participation, program planning and special presentations, product or publication development, special task force participation or completion of special project</p> <p><b>Demonstrated leadership in the health care Human Resources profession illustrated by the HR Leadership competencies in the nominee's professional life (statement must provide detailed and specific information):</b> HR Delivery, Healthcare Business Knowledge, Community Citizenship, People Strategies, and Personal Leadership</p> <p><b>Demonstrated success in the field of health care human resources through the following:</b> Innovative human resources program design and implementation Nationally recognized, published research and/or articles in recognized health care or human resources journal</p>		
6	Includes three supporting professional letters from nominee's senior colleagues		

Briefly note why the applicant was or was not recommended for this award. Be specific – especially if not selected in order to use in documentation to the applicant:

**For Office Use Only**

\_\_\_\_\_ Date notification sent to applicant with cc to Regional Consultant

\_\_\_\_\_ Date if selected, notification sent to winner's boss and CEO

\_\_\_\_\_ Date if selected, plaque ordered

## 2012 Regional, Chapter & Member Services Committee

(Updated 11/8/11 SCA)

Even Regions: Term Expires 12/31/2012

Odd Regions: Term Expires 12/31/2013

### CHAIR

Karmen Reid  
Director, Compensation  
Mayo Clinic  
200 First Street Southwest  
Rochester, MN 55905  
Phone: (507) 266-0895  
Fax: (507)284-1445  
EM: [reid.karmen@mayo.edu](mailto:reid.karmen@mayo.edu)

### REGION 1, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Lisa D. Pratt  
Vice President, Human Resources  
Memorial Hospital of RI  
111 Brewster Street  
Pawtucket, RI 02860  
Phone: (401) 729-2198  
Fax: (401) 729-3054  
EM: [lisa\\_pratt@mhri.org](mailto:lisa_pratt@mhri.org)

### REGION 2, New Jersey, New York, Pennsylvania

James Papp  
Manager, Organizational Development  
DuBois Regional Medical Center  
PO Box 447  
DuBois, PA 15801  
Phone: (814) 375-3227  
Fax: (814) 372-3227  
EM: [jmpapp@drmc.org](mailto:jmpapp@drmc.org)

### REGION 3, Delaware, District of Columbia, Kentucky, Maryland, North Carolina, Virginia, W. Virginia

Lynette Walker, RN, Ph.D.  
Director, Human Resources  
Central Baptist Hospital  
1740 Nicholasville Road  
Lexington, KY 40503-1499  
Phone: (859) 260-6179  
Fax: (859) 260-6069  
EM: [lwalker@bhsi.com](mailto:lwalker@bhsi.com)

### REGION 4, Alabama, Florida, Georgia, Mississippi, Puerto Rico, South Carolina, Tennessee

Teresa Threlkeld, Assist. Director, HR  
AnMed Health  
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Anderson, SC 29621  
Phone: (864) 512-1751  
Fax: (864) 512-1952  
EM: [teresa.threlkeld@anmedhealth.org](mailto:teresa.threlkeld@anmedhealth.org)

### REGION 5, Canada, Illinois, Indiana, Michigan, Ohio, Wisconsin

Dianne Potter, SPHR  
Human Resources Manager  
Parkview Health  
353 North Oak Street  
Columbia City, IN 46725  
Phone: (260) 248-9375  
Fax: (260) 248-9416  
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### REGION 6, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota

Annette Suppes  
Director, Human Resources  
Salina Regional Health Resources  
400 South Santa Fe  
Salina, KS 671401  
Phone: (785) 452-7155  
Fax: (785) 452-7684  
EM: [asupes@srhc.com](mailto:asupes@srhc.com)

### REGION 7, Arkansas, Louisiana, Oklahoma, Texas

Eileen Brown, MPPM  
Director of Recruitment & Benefits  
Valley Baptist Health System  
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Phone: (956) 389-6548  
Fax: (956) 389-1990  
EM: [eileen.brown@valleybaptist.net](mailto:eileen.brown@valleybaptist.net)

**REGION 8, Arizona, Colorado, Idaho,  
Montana, New Mexico, Utah, Wyoming**

Alisa L Rathbun, SPHR  
VP, HR & Talent Resources  
Centura Health at Home  
1391 Speer Blvd, Ste 600  
Denver, CO 80204  
Phone: (303) 561-5000  
Fax: (303) 561-5217  
EM: [alisarathbun@centura.org](mailto:alisarathbun@centura.org)

**REGION 9, Alaska, California, Hawaii,  
Nevada, Oregon, Washington**

Steven J. Stahl  
Org. Development Specialist  
Virginia Mason Medical Center  
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Fax: (206) 625-7224  
EM: [steven.stahl@vmc.org](mailto:steven.stahl@vmc.org)

**CHAPTER OFFICER DIRECTOR**

**(Term expires 12/31/12)**

Thomas J. McCawley, SPHR  
Director, Human Resources  
CGH Medical Center  
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Sterling, IL 61081  
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Fax: (815) 625-6175  
EM: [tom.mccawley@cghmc.com](mailto:tom.mccawley@cghmc.com)

**ASHHRA Staff Liaison**

Emily Meskill  
Administrative Coordinator  
Phone: (312) 422-3726  
Fax: (312) 422-4577  
EM: [emeskill@aha.org](mailto:emeskill@aha.org)

**Secondary Staff Liaison**

Sharon C. Allen  
Associate Executive Director  
Phone: (312) 422-3722  
Fax: (312) 422-4577  
EM: [sallen@aha.org](mailto:sallen@aha.org)