



APPLICATION FOR 2013-2016 AAPC CHAPTER ASSOCIATION BOARD OF DIRECTORS

Serving as a member on the AAPC Chapter Association Board of Directors (AAPCCA) is a very rewarding and important leadership position in the local chapter community. The Board of Directors (BOD) members utilize their expertise and experience to advise the local chapters and their officers on issues relevant to the operation of the chapters. A variety of viewpoints is desired, thus we want a mixture of employment backgrounds, years of experience as an officer, as well as regional areas. Those selected will begin their term at the annual conference in Orlando, FL April 14-17, 2013. Selectees will also be featured in an upcoming AAPC Coding Edge.

I understand and agree that selection and service as an AAPCCA BOD member includes the following *minimum* requirements and volunteer rights:

Each AAPCCA BOD member is required to serve on the board with integrity, honesty, candor and open-mindedness

- Dedicated time will need to be set aside to attend monthly and other scheduled telephone calls.
 - Advance notice must be given to the assigned AAPC staff member or AAPCCA Chairperson *in extenuating* circumstances when unable to attend.
- To respond promptly to all AAPCCA email conversations
- To actively participate and promptly respond to Forum posts
- To respond promptly to all emails from members
- To show respect to all individuals (AAPCCA, AAPC members and staff, coding and billing community members, etc.), including those with different opinions
- To serve on the board selflessly, without expecting any kind of compensation, reward or special consideration from the AAPC
- To be forward looking; have a vision of the future
- To be imaginative; show creativity by sharing new ideas and suggestions.
 - You may be asked to participate in writing articles and guidelines.
- To act as an ambassador for the AAPC, promoting it to other healthcare associations and employers, and adhere to the AAPC Code of Ethics
- To respect the decisions made by the AAPC and other AAPCCA BOD members, even if you did not participate in the decision.
- To be an AAPC Certified member
- To have served as a local chapter officer either currently or in the past
- To have the support of his/her employer in fulfilling board duties
- To represent the AAPC by attending local chapter meetings regularly in addition to national and regional conferences as required
 - If selected, the applicant must attend the Orlando, FL national conference in April of 2013, and the national conference in April of 2014 (Nashville, TN), 2015, and 2016 (location TBD)
 - If selected, the applicant may be asked to visit and provide a presentation (your own or one supplied by AAPC) to two local chapters per year, in addition to his/her own chapter

In addition to the application form, applicant must also supply the following:

- ☐ 2 Letters of Reference from local chapter officers, members, supervisor, or other relevant source
- ☐ Copy of current CV or resume
- ☐ Contact information for 3 Professional References (including relationship and how long known)

* Please submit all application documents at one time to the AAPC either via **email**, fax, or mail *

* **Email marti.johnson@aapc.com** * Fax 801-236-2258 *

* 2480 South 3850 West, Suite B * Salt Lake City, UT 84120 * 800-626-CODE

Applicant Name: _____

* **Complete Application packets must be returned to AAPC by December 1+, 2013***



APPLICATION FOR 2013-2016 AAPC
CHAPTER ASSOCIATION BOARD OF DIRECTORS

Date: _____

Applicant: _____ Member ID#: _____

Certification(s): _____

Years certified: _____ Years experienced as a coder: _____

Address: _____ City/State/Zip: _____

Telephone: (____) _____ Email: _____

Chapter Affiliation: _____ Employer: _____

In what setting have you gained skills/expertise?

- ☐ Academic/PMCC
☐ ASC
☐ Consultant
☐ Hospital/Outpatient
☐ Insurance Payer
☐ Physician
 ☐ Small ☐ Large ☐ Multispecialty

☐ Other _____

In what setting do you currently work or have worked in the past?

- ☐ Academic/PMCC
☐ ASC
☐ Consultant
☐ Hospital/Outpatient
☐ Insurance Payer
☐ Physician
 ☐ Small ☐ Large ☐ Multispecialty

☐ Other _____

College degree: ☐ Associates ☐ Bachelors ☐ Masters ☐ Other (please list) _____

How often do you visit and/or post to the AAPC member forums? ☐ Often ☐ Occasionally ☐ Rarely ☐ Never

What is your current Forum Status? ☐ Networker ☐ Guru ☐ Expert ☐ True Blue

Have you had an article published in a trade journal or other source? If so, please indicate the topic or subject matter, publication and date.

List all affiliations with other credentialing, coding, healthcare related industries, or publishing companies you may have, including dates of certification(s) or involvement.

Please list your areas of expertise or interests (specialties, auditing, etc.).

* Please submit all application documents at one time to the AAPC either via **email**, fax, or mail *

* **Email marti.johnson@aapc.com** * Fax 801-236-2258 *

* 2480 South 3850 West, Suite B * Salt Lake City, UT 84120 * 800-626-CODE

* **Complete Application packets must be returned to AAPC by December 1+, 2016** *

Applicant Name: _____



APPLICATION FOR 2013-2016 AAPC
CHAPTER ASSOCIATION BOARD OF DIRECTORS

Please list any associations/advisory boards, coding or non-coding in nature, you have served on or currently serve on. Please include your dates of service.

What skills and knowledge can you bring to the AAPCCA Board? Please indicate your experience in the following areas.

	Very experienced *	Some experience *	Little or no experience
Verbal communication: Public relations, public speaking, marketing and media relations			
Financial management and control (budgeting, accounting)			
Planning and organizing: Special events, strategic planning			
Written communication: Articles, publications, presentations, advertising			
Other:			

* For the items you checked as "very experienced" or "some experience", please provide details.

Who may we contact for information about your performance in these areas?

Contact Name: _____ Contact Phone: _____
Contact Name: _____ Contact Phone: _____
Contact Name: _____ Contact Phone: _____

In 50 words or less, please complete the following questions:

Please list current and past contributions you have made within your local chapter. Include officer positions held and dates served.

Please list any contributions you have made to local chapters outside of your own chapter. Include a brief description and dates of your service(s).

How do you view the role of a board member?

* Please submit all application documents at one time to the AAPC either via **email**, fax, or mail *

* **Email marti.johnson@aapc.com** * Fax 801-236-2258 *

* 2480 South 3850 West, Suite B * Salt Lake City, UT 84120 * 800-626-CODE

Applicant Name: _____

* **Complete Application packets must be returned to AAPC by December 1+, 2012 ***



APPLICATION FOR 2013-2016 AAPC
CHAPTER ASSOCIATION BOARD OF DIRECTORS

Please list any AAPC National Conference, AAPC Regional Conference or AAPC local chapter seminars, along with the dates for each, you have been involved with or committees served on.

If chosen to serve on the AAPCCA, what can you "bring to the table"?

*If selected, would you be able to devote time to attend local chapter meetings in your area and/or other meetings in your general area to assist with promoting the AAPC and helping with chapter issues? ☐ Yes ☐ No

* Board duties include committee calls and conference calls in addition to work required between calls. *At a minimum*, you will need to devote 4-6 hours a month to accomplish these duties. How much time could you devote each month to board activities?

☐ Up to 6 hours ☐ 6-10 hours ☐ 11-15 hours ☐ Other _____

**If selected, would you attend National conferences during your term? ☐ Yes ☐ No

In 100 words or less, please describe why you would like to become a member of the AAPCCA Board of Directors.

By my signature below, I confirm that:

- I understand and agree that selection and service as an AAPCCA BOD member includes the minimum requirements as outlined above.
- I consent to AAPCCA's verification of the biographical and reference information I've provided with this application.
- I have been or am currently a local chapter officer and active member of my local chapter.

Signature _____

Date _____

Did you attach? ☐ All pages of the application ☐ Current Resume ☐ 2 letters of recommendation ☐ 3 References

*** Incomplete application or applications missing any required documents will be eliminated**

* Please submit all application documents at one time to the AAPC either via **email**, fax, or mail *

* **Email marti.johnson@aapc.com** * Fax 801-236-2258 *

* 2480 South 3850 West, Suite B * Salt Lake City, UT 84120 * 800-626-CODE

Applicant Name: _____

*** Complete Application packets must be returned to AAPC by December 17, 2012 ***