

MISSION

To promote quality healthcare in Louisiana and maintain the integrity of the practice of quality improvement.

PURPOSE

To facilitate leadership development and growth of healthcare professional through education, networking, and unity.

OBJECTIVES

- To facilitate sharing of knowledge, continuing education programs, communication, cooperation, and provide an interface among those
- To assure that the Association is not, nor will it strive to become a trade union, a collective bargaining agency, or a profit-making association.

BENEFITS

Membership in LAHQ will provide you with:

- An opportunity to network with peers
- Quality educational programs
- Quarterly publication with focus on quality, utilization management and other relevant issues.

MEMBERSHIP

The success of the Association is dependent upon the active participation and volunteerism of its membership. The focus is to satisfy the needs and interests of existing membership, while attracting new members through continued attention to the constant changes in healthcare.

DUES

Dues are \$40.00 (\$25.00 for LAHQ dues and \$15.00 for regional dues), renewable anytime December to April 1 annually.

Student membership available to undergraduate students in their junior & senior year and post-graduate students. Students must include a copy of their student identification card. Student dues are \$20.00.

Make checks payable to LAHQ. Send completed application and check to:

LAHQ
Treasurer, Anna Prescott
P.O. Box 458
Covington, LA 70434

Tax ID Number 72-0967764

Louisiana Association For Healthcare Quality (LAHQ)

Membership Application

New Member Application

Membership Renewal

PLEASE PRINT INFORMATION

Name _____

Business Information:

Company _____

Street _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

HOME INFORMATION

Street _____

City _____

State _____

Zip _____

Parish _____

Phone _____

Fax _____

Email _____

Educational Background:

___ RN

___ LPN

___ MD

___ RHIT

___ RHIA

___ Other

Facility Information

___ Acute Care

___ Veterans Health

___ Psychiatric

___ Consulting

___ Rehabilitation

___ Nursing Home

___ Military

___ Managed Care

___ Home Health

___ University/Teaching

___ Ambulatory care

Position (regardless of Title):

Areas of Responsibility

___ Quality Assessment/Improvement

___ Utilization Management

___ Medical Staff Services

___ Managed Care

___ Case Management

___ Risk Management

___ Infection Control

___ Other

Additional Information

___ (CPHQ) Certified Professional in
Healthcare Quality

___ Member of NAHQ

___ Please send me regional information

___ Interested in running for state office

___ Interested in serving on a committee

___ Interested in writing a newsletter article

___ Other

**PLEASE PRINT THIS APPLICATION,
COMPLETE THE INFORMATION AND
MAIL IT WITH YOUR CHECK TO THE:**

**TREASURER OF LAHQ
P.O. BOX 458
COVINGTON, LA 70434**

OR

**PRINT THIS APPLICATION,
COMPLETE THE INFORMATION AND
MAIL IT TO:**

**TREASURER OF LAHQ
P.O. BOX 458
COVINGTON, LA 70434**

**Charge \$_____ to my __ VISA __ MasterCard
(available Feb 1-April 25,**

Card # _____

Expiration Date _____

Signature _____

Date _____

Fax # 985-796-0098 Feb1-April 25 only