

Fellowship Application

* Required

Section 1 (of 4): Contact Info

Full Name *

Jane Doe

AAPC Member ID Number *

12345678

Email *

janedoe@aapc.com

Phone Number *

555-555-5555

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Never submit passwords through Google Forms.

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Section 2 (of 4): Employment History

NOTES:

1. Experience must be in healthcare
2. Complete only last 10 years of healthcare experience
3. Enter most recent experience first
4. Experience must total 10 calendar years - jobs held simultaneously do not count twice

Most Recent Company/Organization Name *

AAPC

Most Recent Company/Organization Phone Number OR Email *

info@aapc.com

Most Recent Supervisor *

Raemarie Jimenez

Most Recent Job Title *

Medical Coder

Employed From *

Date

01/15/2007

Employed To *

Date

03/21/2018

Total Time Employed (e.g., "1 year, 3 months") *

11 years, 2 months

Do you need to enter more employment history to reach the 10-year requirement? *

☐

Yes

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No

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Section 3 (of 4): Research Paper Outline

NOTES:

1. For help with this section, we strongly recommend you consider these references:

<https://www.aresearchguide.com/1steps.html#step4>

<https://explorable.com/research-paper-outline-examples>

<http://cloud.aapc.com/documents/Research-Paper.pdf>

2. Do not begin working on the research paper until AFTER you receive approval of this outline

3. Once your outline is approved, you will receive instructions on submitting the research paper, which must be at least 2,500 words in length

Planned Title (e.g., "An Attitude for Successful Aging") *

Partial Hospitalization Programs for Eating Disorders:

Can They Be Cost Effective and Profitable?

Planned Thesis Statement (e.g., "Living well and living longer is possible, excluding accidental deaths or those caused by non-preventable disease, but involves personal initiative, commitment, and an attitude of attainment.") *

Patient satisfaction and engagement appear to be linked to positive outcomes and are more likely to be related to program profitability.

Planned Major Arguments/Statements (e.g., "Prevention of chronic disease may be the key to longevity.") *

1. Correlation between patient satisfaction and higher profit margins
 2. Correlation between patient condition at time of admission, patient satisfaction, and profitability
-

Support for Major Arguments/Statements (e.g., "Major causes of death among older adults include cancer, chronic lung disease, diabetes, heart disease, and stroke.") *

- 1.a. Survey research of recent patients at partial hospitalization programs indicates correlation between higher satisfaction ratings and increased referrals
 - 1.b. Survey research of recent patients at partial hospitalization programs indicates correlation between higher satisfaction ratings and prompt payments
 - 2.a. Data shows correlation between patients with more severe conditions who ended programs with high rates of patient satisfaction and increased referrals
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Section 4 (of 4): Disclaimer & Agreement

NOTES:

1. All checkboxes must be marked to complete your application.
2. By typing your name below, you are electronically agreeing to these terms.

All the information I have submitted in this application is accurate and current, to the best of my knowledge. I understand that submitting false or misleading information may result in a revocation of my AAPC certification(s) and/or membership. *

☒ I agree

AAPC may verify the current or past employment mentioned in this application. *

☒ I agree

My name may be used on AAPC's website or any other AAPC publication, showing my Fellowship status. *

☒ I agree

If my application is approved, I will submit the planned 2,500 word (minimum) research paper, following the guidelines that will be sent to me. I attest the article will be written entirely by me. I understand AAPC may choose to publish this article, unless I specifically request otherwise. *

☒ I agree

If granted Fellowship, I will add my Fellowship title to my signature line per AAPC rules to carry it after AAPC credentials (e.g., Jane Doe, CPC, CEMC, AAPC Fellow). *

☒ I agree

If granted Fellowship, I understand my Fellowship title could be revoked, with or without cause, for any reason, at the sole discretion of AAPC. *

☒ I agree

If granted Fellowship, this status will begin on the date it is granted. As long as I maintain at least one AAPC certification and current membership, and abide by the other terms of this Agreement, I will maintain this Fellow status. *

☒ I agree

If granted Fellowship, I will be an involved and dedicated AAPC leader. This could involve presenting at AAPC events, writing thought leadership content for the AAPC website or monthly magazine, engaging in AAPC social media, advocating for industry improvement, mentoring newer AAPC members, etc. I understand AAPC may occasionally invite me to participate in these kinds of activities because of my Fellowship status, professional expertise, and leadership capabilities. As I renew membership, I will renew this commitment. *

☒ I agree

Please type your full name as an electronic signature *

Jane Doe

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SUBMIT