



## APPLICATION FOR 2018-2021 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, and representation from various regional areas. Those selected will begin their terms at the annual conference in Orlando, FL, April 8-11, 2018. Selectees will also be featured in an upcoming *AAPC Healthcare Business Monthly* article.

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, and:

- To attend mandatory monthly board and committee calls as well as other scheduled telephone calls, and give advance notice to the assigned AAPC staff member or AAPCCA chairperson when not able to attend.
- To respond promptly to all AAPCCA email conversations within 24 hours.
- To **actively** participate and respond to forum posts within 2 days.
- To respond promptly to all emails from members within 2 days.
- To show respect to all individuals (AAPCCA, AAPC members and staff, coding and billing community members, etc.), including those with different opinions, including international members.
- 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 available for a telephone interview, if chosen as a potential candidate.
- To be proactive and have sound communication skills.
- To be imaginative and show creativity by sharing new ideas and suggestions.
  - Board members 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 mandatory attendance at national conference. Regional conferences are not required but appreciated, if able.
  - If selected, the applicant **must** attend the Orlando national conference in April of 2018, and the national conference(s) in 2019 (location TBD), 2020 (location TBD) and 2021 (location TBD). The conference registration fee is waived and hotel accommodations are covered from Saturday through Wednesday for members of the AAPCCA during their term. Travel expenses are covered up to the defined limit established in the AAPCCA Financial Agreement.
  - If selected, the applicant **must** participate in on-site officer training. Travel to the training will be required. With some exception, BOD members will generally be asked to provide training at locations within their home geographic region. Reimbursement for travel will be provided within the established guidelines.
  - If selected, the applicant may be asked to visit and provide a presentation (applicant's 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, supervisors, or other relevant sources who can vouch for your leadership ability
- ☐ Copy of current CV or resume
- ☐ Contact information for 3 professional references (including relationship and how long known)

Submit **all** application documents **at one time** to the AAPC via email to [ruby.woodward@aapcca.org](mailto:ruby.woodward@aapcca.org) - Questions - 801-236-2233

**Completed application packets must be submitted by December 8, 2017**

Applicant Name: \_\_\_\_\_



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CHAPTER ASSOCIATION BOARD OF DIRECTORS

Date:

Applicant: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Certification(s): \_\_\_\_\_

#Years certified: \_\_\_\_\_ #Years experience in Healthcare: \_\_\_\_\_

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    ☐ Multi-specialty  
  
☐ 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.

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

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

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

List any examples of leadership roles, project management experience or supervisory positions you have held.

\_\_\_\_\_

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

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

	Very experienced *	Some experience *	Little or no experience
Verbal communication: Public speaking			
Verbal communication: Marketing and media relations			
Financial management and control: Budgeting, accounting			
Planning and organizing: Special events, strategic planning			
Written communication: Articles, publications, presentations, advertising			
Legal or Regulatory Policy Creation			
Other:			

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

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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, complete the following questions:**

List current and past contributions you have made within your local chapter. Include officer positions held, events chaired, and dates served.

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

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How do you view the role of a board member?

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List any AAPC national conferences, AAPC regional conferences or AAPC local chapter seminars, along with the dates for each, in which you have been involved or served on committees.

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

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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 6-8 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 \_\_\_\_\_

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

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*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 applications or applications missing any required documents will be eliminated.***

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