



Dear Prospective Fellowship Candidate,

We are very pleased that you are considering applying for NAHQ Fellowship. The NAHQ Fellowship Program was developed to recognize NAHQ members who have made outstanding contributions to the field of healthcare quality and to act as a blueprint for an ideal career path in the healthcare quality profession. The NAHQ Board of Directors makes the final determination based on recommendations from the NAHQ Fellowship Review Team.

To be considered for fellowship, all prospective candidates must declare their intent to apply in writing to the NAHQ Fellowship Review Team Leader by **March 18, 2019**. This letter should be submitted electronically to Juliana Fishleigh, NAHQ staff, at [jfishleigh@nahq.org](mailto:jfishleigh@nahq.org). Completed applications are due by **July 1, 2019**.

The NAHQ Fellowship Review Team reviews the application materials submitted and evaluates the applicant's credentials, employment background, and education along with the applicant's contributions to the field of healthcare quality in three of the following four categories:

- Leadership/Service (*required*)
- Published Works
- Lectures/Presentations
- Mentorship

*Please refer to the application for details on each category.* Because specific criteria may change from year to year, please review the NAHQ Fellowship Application thoroughly before applying. Please note that the application process is significant and will require considerable effort and time to organize supporting materials and validate information. All applications must be completed in English. Please provide English versions of supporting materials written in other languages in addition to the original version of the content.

Upon request, the Fellowship Review Team will match a prospective candidate, who meets the minimum membership and certification requirements, with a NAHQ Fellow who will serve as a fellowship coach to guide the candidate in the NAHQ Fellowship application process. The coach will share his or her experience and knowledge of the process. If you are not planning to apply for NAHQ Fellowship in 2019 but are still interested in working with a fellowship coach for future NAHQ Fellowship application submission, we can match you with a coach to work with you. If you are interested in working with a coach, please contact Juliana Fishleigh, NAHQ staff, at [jfishleigh@nahq.org](mailto:jfishleigh@nahq.org).

NAHQ is proud to offer the fellowship program. Recognition of outstanding leaders in the association benefits not only those granted Fellowship status, but also those seeking role models in the healthcare quality field. Good luck with the application process! Please contact NAHQ Headquarters at 800.966.9392 with any questions.

Sincerely,

A handwritten signature in black ink that reads "Cathy E. Duquette". The signature is written in a cursive, flowing style.

Cathy E. Duquette, PhD, RN, NEA-BC, CPHQ, FNAHQ  
Fellowship Review Team Leader



**National Association for Healthcare Quality Fellowship Application**

You must have submitted your Declaration of Intent by **March 18, 2019**, prior to submitting this application to the Fellowship Review Team. The completed application is due **July 1, 2019**.

**I. Background**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_  
E-mail address \_\_\_\_\_  
NAHQ Membership Number \_\_\_\_\_ Membership Expiration Date \_\_\_\_\_

Applicant must be an active, individual NAHQ member for 3 continuous years immediately prior to application and, if Fellowship designation is awarded, applicant must maintain continuous NAHQ membership to maintain Fellowship designation.

**II. Credentials**

**A. Certification in Healthcare Quality**

Applicants must be a current CPHQ and have held CPHQ certification for 3 continuous years immediately prior to application to apply for Fellowship.

Please include a copy of your CPHQ certificate in folder II. A.

CPHQ Number \_\_\_\_\_  
Initial certification year \_\_\_\_\_

**B. Academic Qualifications**

Please indicate which of the following academic achievements and/or credentials you have earned. Copies of degrees/documents must be provided and labeled in folder II. B.

- Doctoral Degree     Master’s Degree
- Bachelor’s Degree     Diploma in Nursing
- Associate’s Degree     Other Professional

List: \_\_\_\_\_

### III. Employment Background

#### A. Employment Experience

Please list positions held, demonstrating at least 10 years of experience with primary responsibility for **healthcare quality\*** or executive oversight of the quality function. Positions listed for the past 10 years must include at least 2 years in a supervisory/management position. Supervision/management experience may include managing staff or projects.

\* **Healthcare quality** is the dedication to improving clinical outcomes, reducing systemic waste, and ensuring stakeholder engagement and satisfaction regardless of healthcare setting.

If your position descriptions/titles do not explicitly say quality in the title you are required to provide documentation to demonstrate how your role is primary dedication to improving clinical outcomes, reducing systemic waste, and ensuring stakeholder engagement and satisfaction. Documentation may be a brief narrative (less than 500 words) that describes how relevant positions included primary responsibility for healthcare quality within the context of the definition of healthcare quality as provided.

Please also attach a job description for each position listed, in folder III.A as well as any other positions held in the past 10 years that do not fit on this page.

Years in the profession \_\_\_\_\_ Years in a position of responsibility \_\_\_\_\_

1. Organization \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_

Employment Reference \_\_\_\_\_ Phone \_\_\_\_\_

2. Organization \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_

Employment Reference \_\_\_\_\_ Phone \_\_\_\_\_

3. Organization \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_

Employment Reference \_\_\_\_\_ Phone \_\_\_\_\_

4. Organization \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_

Employment Reference \_\_\_\_\_ Phone \_\_\_\_\_

*If your position descriptions/titles do not reflect your work in quality but are quality related, fill in the information below:*

For each quality-related position, if the job title is not explicitly quality-related, complete this table to indicate clearly and specifically how each position qualifies.			
Position Title:	Employer Name:	Dates	
		From (Mo/Yr)	To (Mo/Yr)

Describe how position is quality related:			
Position Title:	Employer Name:	Dates	
		From (Mo/Yr)	To (Mo/Yr)
Describe how position is quality related:			
Position Title:	Employer Name:	Dates	
		From (Mo/Yr)	To (Mo/Yr)
Describe how position is quality related:			

**B. References**

Please provide reference letters from **two** professional contacts who are familiar with your achievements and contributions in the healthcare quality field describing why you should be considered for fellowship status. The letters should address your leadership skills and professional growth, giving specific examples. Each letter should not exceed 500 words and must be written on **letterhead** (e-mails will not be accepted). **All letters of reference must be signed and dated within 3 years. The team may ask for updated letters if needed.** One of the two letters of reference must be from an active **NAHQ member**. Current members of the NAHQ Board of Directors and Fellowship Review Team, current mentors for the Application process, current applicants for Fellowship, and your subordinates at work, may **not** provide reference letters. Please place in folder III.B.

**C. Curriculum Vitae**

A copy of your Curriculum Vitae must accompany this application in folder III.C.

**IV. Continuing Education**

Please provide evidence of continuing education attendance for your most recent recertification period. Evidentiary documents must include topic, date of education, speaker, and contact hours. A summary of continuing education attendance is not sufficient. Please place all supporting documentation relating to this category in folder IV. Continuing Education *Please do not send originals with your application.*

## V. Contributions to the Healthcare Quality Profession

All applicants must submit documentation to meet the requirements for the Leadership Category. In addition, you must choose two (2) of the other three (3) categories to document compliance with requirements.

Please submit all supporting information and documentation in each category to support your application for fellowship. All documentation must be easily verifiable as originating from the professional organization that provides it. For example, this could include a copy of a conference brochure listing you as a presenter or a thank-you letter from the professional organization on official letterhead. Evidence of achievement for each category may only date back 10 years from the date of the application; **between July 1, 2009- July 1, 2019**. Documentation that is older than 10 years or that does not follow the format as outlined will not be considered.

*Required:*

- leadership/service

*& two (2) of the following:*

- published works
- lectures/presentations
- mentorship

### A. Leadership/Service (required)

Please list all volunteer leadership positions or appointments you have held in healthcare quality associations or related organizations at the local, state, and national level that demonstrate your leadership and contributions/service to the healthcare quality related field. Please provide specific documentation on how you were a leader if it is unclear based on title alone. To qualify, you must have held at least three (3) different terms of leadership office or positions within the last 10 years. Employment related positions are not applicable. Please include additional pages (if necessary) and supporting documentation using labels below. Please place all supplements in folder V.A. Please include the number of years in term of office; for example: 2-year term for president-elect.

The following are qualified leadership positions:

NAHQ

- Board of Directors
- Commission Members
- Team Chair

Local or National Organizations with focus on Healthcare Quality

- Board of Directors
- Chair of a Team/Committee

The following will not be accepted for leadership/service:

- Roles directly related to employment
- Roles unrelated to healthcare quality work
- Member of a Team/Committee

*National, State, and Local Leadership  
Elected Positions*

i.1. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Organization \_\_\_\_\_

i.2. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Organization \_\_\_\_\_

i.3. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Organization \_\_\_\_\_

i.4. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Organization \_\_\_\_\_

i.5. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Organization \_\_\_\_\_

i.6. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Organization \_\_\_\_\_

i.7. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Organization \_\_\_\_\_

i.8. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Organization \_\_\_\_\_

i.9. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Organization \_\_\_\_\_

*Appointments*

Team Leader (Committee/Task Team/Board): Please include term of application year.

ii.1. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Team/Organization \_\_\_\_\_

ii.2. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Team/Organization \_\_\_\_\_

ii.3. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Team/Organization \_\_\_\_\_

ii.4. Position \_\_\_\_\_ Years of Term \_\_\_\_\_ Term Year(s) \_\_\_\_\_  
Team/Organization \_\_\_\_\_

## B. Published Works

Applicants must submit one of the following combinations of published works:

- 1 personally authored or edited book where you are listed as an author or editor. This publication cannot be prepared as part of a work-related assignment for the applicant's employer for the primary purpose of use within the applicant's employing organization.
- 2 book chapters where you have authored a significant portion of the chapters
- 2 articles published in journals or periodicals whose circulation exceeds 1,000 readers where you are listed as an author
- Combination of two: 1 chapter and 1 article.

Published works **must** relate to healthcare quality and related fields. **Works published online are acceptable. If you are not listed as the lead author or editor, you must have contributed significantly to the publication. Any submitted published works must include evidence that the work has been subjected to a professional peer-review process.** A couple of examples of validation may be a letter from the publisher or author submission guidelines. Published works must have been disseminated within the 10 years prior to the date of the fellowship application and must include documentation describing the circulation of the publication. Publications accepted for publication but not yet published will be considered acceptable. *Please be sure to send copies of the requested publications, rather than any originals.*

Please label all documents relating to this category V. B and place in folder.

Book \_\_\_\_\_

Publisher \_\_\_\_\_ Year Published \_\_\_\_\_

Chapter or Article \_\_\_\_\_

Publisher or Journal \_\_\_\_\_ Year Published \_\_\_\_\_

Chapter or Article \_\_\_\_\_

Publisher or Journal \_\_\_\_\_ Year Published \_\_\_\_\_

**C. Lectures/Presentations**

Please provide evidence of your participation (brochures, letters, etc.) as a presenter in 10 educational programs in healthcare quality, or related fields, within the 10 years prior to the date of this application. **Speaking engagements must not endorse the employer’s product or service or is a part of employment or paid consulting responsibilities. Seven (7) of the 10 presentations must address different content from the other presentations.** Paper and poster presentations may be included. Submissions must include all of the following:

- Course/session objectives and outline, including length of presentation and/or number of CE credits (may be a copy of CE approval application)
- Documentation of actual presentation (may be a listing in a program brochure or letter from program sponsor)
- Delivery method, audience, HQ Essential area of focus, and date of presentation.
- The intent of this section is to highlight the applicant’s individual contributions to the field of healthcare quality, if you were not the sole presenter, you must provide additional documentation to clearly identify your contributions to the presentation listed for consideration.

Please place all attachments relating to this category in folder “V. C. Lectures/Presentations.” with all documentation labeled with corresponding title below.

Date	Title	Location/Audience
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I ATTEST ALL THE ABOVE PRESENTATIONS SUBMITTED FOR CONSIDERATION ARE VOLUNTARY AND NOT PAID OR WORK RELATED.

### D. Mentorship

Please attach documentation from two individuals for whom you have served as a mentor\* in healthcare quality or related fields.

\***Mentoring** is a dynamic and reciprocal relationship focused on growth and development of the mentee.

The mentorship relationship should:

1. promote professional growth above and beyond the mentees job duties.
2. be voluntary and not for a person normally supervised as part of the applicant's job responsibilities; coworkers not directly supervised by you are acceptable.
3. be goal orientated with clear, measurable objective/goals of the relationship.

**Using the mentorship template below**, each individual who was mentored must submit a written statement no greater than 500 words, addressing his/her professional growth and knowledge base in relation to your mentorship skills.

The written statement must (A) describe the mentorship relationship, (B) include specific measurable objectives/goals of the relationship that were planned, and (C) include measurable outcomes of the mentoring relationship as they related to the planned objectives. The applicant should include documentation of specific examples of the objectives or work completed. **All elements** must be addressed to evaluate eligibility of the mentorship submission. [Click here](#) to download the template as a separate document.

Please place all documents relating to this category in folder **V. D. Mentorship**.

#### Mentorship by NAHQ Fellowship Applicant Template

Fellowship Applicant:	Mentee Relationship to Applicant:
Mentee Name:	
Mentee Position Title:	Mentee Organization:
Dates you were mentored by applicant:	
Instructions for mentee: Please describe the applicant's mentorship in relation to the questions below. Keep all answers limited to this form, no greater than 500 words; however, you should include documentation of specific examples/copies of the objectives or work completed as necessary.	
A. Please describe your mentoring relationship. This can include the nature of the partnership and how you were supported by the applicant in your professional development.	

B. Please list/describe the planned measurable objectives/goals of the relationship

- a.
- b.
- c.
- d.

C. Please list/describe the measurable outcomes of the mentoring relationship as they related to the planned objectives.

- a.
- b.
- c.
- d.

D. Mentoring can take many forms such as traditional meetings and e-mentoring. Describe how your mentoring experience was designed and structured. How did this help you create a plan for development including your personal vision?

1.

2.

3.

4.

E. How did the mentoring relationship help you achieve your potential?

1.

2.

3.

4.

Additional Comments:

Signed

Date:

**All information submitted by the deadline is considered final. Please review all specified elements for each section very carefully; all elements are required for your application to be considered complete. No further information will be allowed after the deadline. If your application is deemed incomplete or if you do not meet the minimum Background, Credentials or Employment Experience requirements, your application will not be considered. Your right to appeal will not apply.**

I hereby certify that all statements and responses I have made in this application, and all documents enclosed here with, are true, accurate, and authentic to the best of my knowledge.

I agree to serve as a Fellowship Coach upon being awarded fellowship status.

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Signature

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Date

Please send this application, all enclosures, and the nonrefundable application fee of \$200 (make checks payable to the National Association for Healthcare Quality) to the following address:

**The Fellowship Program**

NAHQ

8600 W. Bryn Mawr Ave.

Suite 710N

Chicago IL 60631

All applications **must be received by July 1, 2019**. If you have any questions, please contact NAHQ Headquarters at 800.966.9392.

### ***NAHQ Fellowship Application Checklist***

Be sure to complete or attach the following items by **July 1, 2019**

Declaration of your intent to apply for fellowship in 2019 is due to the Fellowship Review Team by **March 18, 2019.**

- All pages of your complete Fellowship Application with supplementary documentation labeled appropriately
- A copy of your current CPHQ certification in folder **II. A.**
- Copies of degrees/documents as evidence of your earning one academic achievements or credentials in folder **II. B.**
- Job descriptions for all listed positions in folder **III. A.**
- Letters of reference in folder **III. B.**
- A copy of your Curriculum Vitae in folder **III. C.**
- Evidence of continuing education attendance for your most recent recertification period in folder **IV.**
- All documentation associated with Contributions to the Healthcare Quality Profession **V.** (Leadership/service required along with two of the other three categories)
  - Leadership/service in folder **V. A.** (required)
  - Published Works **V. B.**
  - Lectures/Presentations **V. C.**
  - Mentorship **V. D.**
- Your signature on the final page of the Fellowship Application
- Your **nonrefundable application fee of \$200** (Make checks payable to NAHQ.)

**Please note that applications will only be accepted in electronic format (Word or PDF). Paper applications will not be accepted. Materials will not be returned to the applicant.**

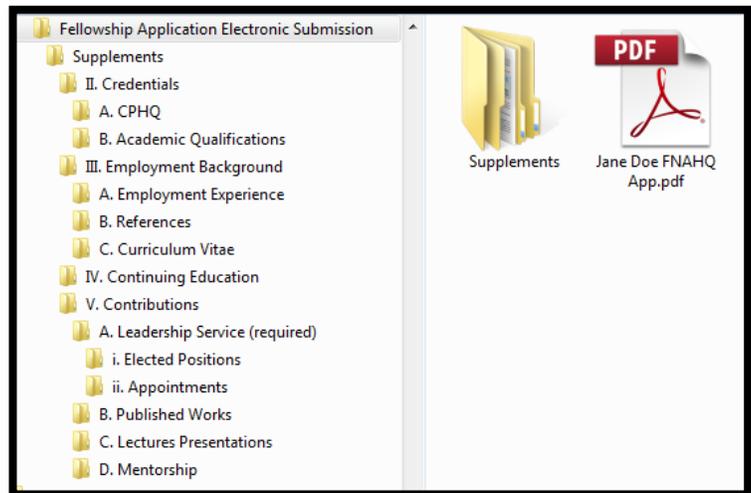
Thank you for submitting an application for NAHQ Fellowship. If you have any questions, please contact Juliana Fishleigh at [jfishleigh@nahq.org](mailto:jfishleigh@nahq.org)

## Electronic Submission Guidelines

- Adobe PDF format is encouraged for all documents, as it will preserve the formatting of your document as well as prevent accidental editing.
- If you are unable to format your documents as PDFs, please use Microsoft or MS-compatible files (MS Office, MS Power-point, MS Excel, Adobe Acrobat, etc.) and your files will be easily accessible to all of the Fellowship Review Team
- Please place your files in separate folders labeled by application section (see Application Outline below).
- Number your attachments in the order in which you would like them to be viewed (e.g. "01. Book Title.pdf," "02. Article Title.pdf," etc.).

Please contact Juliana Fishleigh at [jfishleigh@nahq.org](mailto:jfishleigh@nahq.org) or 312.579.3083 with any questions.

- Fellowship Application
  - Supplements
- II. Credentials
    - A. CPHQ
    - B. Academic Qualifications
  - III. Employment Background
    - A. Employment Experience
    - B. References
    - C. Curriculum Vitae
  - IV. Continuing Education
  - V. Contributions to Healthcare Quality Profession
    - A. Leadership/Service (required)
      - i. Elected Positions
      - ii. Appointments
    - B. Published Works
    - C. Lectures/Presentations
    - D. Mentorship



### Sample Staff Scoring Grid:

* indicates FRT to determine adequacy		Applicant
Categories	Does the Applicant have?	Sally NAHQ
<b>I. Membership</b>	Active, individual NAHQ member for 3 continuous years prior to application	x
<b>II. Credentials</b>	Active CPHQ & documentation (II. A)	x
	Additional degrees & documentation (II. B)	x
<b>III. Employment Background</b>	*Demonstrated at least 10 years of experience with primary responsibility for healthcare quality or executive oversight of the quality function and at least 2 years in a supervisory/management position. Supervision/management experience may include managing staff or projects. Job Descriptions for each position listed must be included (III. A)	x
	*Reference letters from <b>two</b> professional contacts who are familiar with your achievements and contributions in the healthcare quality field describing why you should be considered for fellowship status. The letters should address your leadership skills and professional growth, giving specific examples. Each letter should not exceed 500 words and must be written on <b>letterhead</b> (e-mails will not be accepted). <b>All letters of reference must be signed and dated within 3 year.</b> One of the two letters of reference must be from an active <b>NAHQ member</b> . Current members of the NAHQ Board of Directors and Fellowship Review Team, current mentors for the Application process, current applicants for Fellowship, and your subordinates at work, may <b>not</b> provide reference letters (III.B)	x
	CV ( III. C)	x
<b>IV. Continuing Education</b>	Provide evidence of continuing education attendance for your most recent recertification period. Evidentiary documents must include topic, date of education, speaker, and contact hours. A summary of continuing education attendance is not sufficient (IV.)	x
<b>V. Contributions (Must have Leadership and 2 other categories)</b>	* <b>Leadership (required):</b> at least three (3) different terms of leadership office or positions within the last 10 years. Employment related positions are not applicable. Supporting documentation using labels below(V. A)	x
	* <b>Published Works must have one of the below within 10 years of application:</b> -One personally authored or edited book. -Two book chapters. -Two articles published in a peer reviewed journal - Combination of one chapter and one article (Posters may be considered, as well as works in the publication process) (V.B)	n/a
	* <b>Lectures/Presentations:</b> evidence of at least 10 presentations within 10 years of application that include course objectives including length of presentation and/or number of CE. Documentation of actual presentation. Delivery method, audience ,and date of presentation (V.C)	x
	* <b>Mentorship:</b> evidence of at least two letters from individuals who applicant has mentored that is not part of their normal supervision. Statements should describe the relationship, measurable objectives/goals of that were obtained, and measurable outcomes of the mentoring. Include documentation of examples of the objectives or work completed.(V.D)	x
<b>Total Score</b>	<b>Total Score (must have 10 X's)</b>	<b>10</b>

### Sample Fellowship Review Scoring Grid:

Categories	Does the Applicant meet or exceed criteria?	Applicant
		Sally NAHQ
Review of all * in Staff score to determine adequacy	Are these adequate?	Yes
V. Contributions (Must have Leadership and 2 other categories)	<b>Leadership (required):</b> at least three (3) different terms of leadership office or positions within the last 10 years. Employment related positions are not applicable. Supporting documentation using labels below(V. A)	Yes
	<b>Published Works must have one of the below within 10 years of application:</b> - One personally authored or edited book. -Two book chapters. -Two articles published in a peer reviewed journal - Combination of one chapter and one article (Posters may be considered, as well as works in the publication process) (V.B)	n/a
	<b>Lectures/Presentations:</b> evidence of at least 10 presentations within 10 years of application that include course objectives including length of presentation and/or number of CE. Documentation of actual presentation. Delivery method, audience ,and date of presentation (V.C)	No
	<b>Mentorship:</b> evidence of at least two letters from individuals who applicant has mentored that is not part of their normal supervision. Statements should include length of time mentoree has known mentor and in what capacity; length of the mentoring relationship; goals & objectives; measurable outcomes, how individual has grown. (V.D)	No
<b>Do you recommend this applicant for NAHQ Fellowship?</b>		No
<b>Please state your rational for accepting or declining this applicant</b>		Sally's presentations are not from the past 10 years, no clear objectives of mentor relationship