



Healthcare Quality Coalition of Colorado

Membership Application- (Renewal, only provide update after including name)

Complete name _____

Organization name _____

Preferred mailing address Home Work

Street address _____

City/State/Zip _____

Preferred contact phone # Home _____
 Work _____
 Fax _____

E-mail address _____

Membership Type (choose one)

Active (\$ 50.00) Associate (\$ 40.00)

Professional Membership

NAHQ ASQ CHARM Other (please specify) _____

Certification/s (please list)

Educational Background (Please indicate the highest level)

BSN PhD
 BS/BA Master's degree
 MSW MD
 Other (please specify) _____

Organization/Facility Type (indicate all that apply)

Acute Care Managed Care Organization
 Behavioral Health Military
 Rehabilitation Long Term Care
 Home Health Academic/Teaching
 Insurance Company Multiple Healthcare System
 Veteran Administration Other (specify) _____

Position (regardless of title)

- | | |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Analyst | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Coordinator | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Staff Assistant |
| <input type="checkbox"/> Director | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Executive | <input type="checkbox"/> Other (specify) _____ |

Primary Area of Responsibility/Interest (choose one)

- | | |
|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Quality Management | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Performance Improvement | <input type="checkbox"/> Medical Staff Services/Medical Affairs |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Utilization Management/Review |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Other (specify) _____ | |

Payment

Please make check payable to HQCC, and mail the check and the membership form to:

HQCC
13918 E. Mississippi, #484
Aurora, CO 80012

- A charge of \$20.00 will apply to checks returned for insufficient funds.

For any questions regarding HQCC, please call or send an e-mail to any of the following:

Roya Nassirpour	roya.nassirpour@healthonecares.com	303-873-5954
Bonnie Null	bonnie.null@healthonecares.com	303-671-4995
Carol Ruscin	carol.ruscin@uch.edu	720-848-6985

Membership dues, contributions or gifts to HQCC are not deductible as charitable contributions for federal income tax purposes. Due payments are deductible by members as an ordinary and necessary business expense. Consult your tax adviser for information.