

# APPLICATION

**AHP FELLOW CERTIFICATION PROGRAM  
HEALTH CARE RESOURCE DEVELOPMENT AND MANAGEMENT**

This form must be submitted each time you apply for a change in status within the AHP Fellow Certification Program, including your initial Fellow application and each of your applicants for recertification. Please be assured that all information you provide will be kept strictly confidential.

Date application postmarked:

*(Please print or type)*

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

Title: \_\_\_\_\_ AHP member: Yes No

Institution/Organization \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone ( ) Fax: ( )

E-mail: \_\_\_\_\_

**1) Please provide:**

Date you received Certified Fundraising Professional (CFRE) status or your most recent CFRE recertification, whichever is most recent: \_\_\_\_\_

(You must have at least eight years' experience raising and managing philanthropic funds for a health care organization. Each year of fund raising in another setting, such as a university , will count as one-half year in meeting this requirement.)

Note the date and location of the Fellow examination for which you are applying . *(Your application must be postmarked no later than two months before the date of the examination you wish to take.)*

Examination Date: \_\_\_\_\_

Examination Location: \_\_\_\_\_

If you would like to participate in the optional AHP Fellows Mentor Program, check here:  *(See Page A-4 for details.)*

**2) Pledge to uphold standards of conduct:**

All applicants for certification by the AHP Fellow Certification Program must pledge to promote and maintain the *AHP Statement of Professional Standards and Conduct* and to uphold the AHP-endorsed *Donor Bill of Rights*. Your signature of the end of this application signifies your compliance with this requirement.

As an applicant for Fellow certification by the Association for Healthcare Philanthropy, I pledge to faithfully adhere to the highest standards of conduct in:

- Promoting the merits of my institution and of excellence in health care generally, providing community leadership in cooperation with health, educational, cultural, and other organizations;
- My words and actions, embodying respect for truth, honesty, fairness, free inquiry, and the opinions of others, treating all with equality and dignity;
- My respect for all individuals without regard to race, color, sex, creed, ethnic or international identity, handicap, or age;
- My commitment to strive to increase professional and personal skills for improved service to my donors and institution, to encourage and actively participate in career development for myself and others whose roles include support for resource development functions, and to share freely my knowledge and experience with others as appropriate;
- My continuing effort and energy to pursue new ideas and modifications to improve conditions for, and benefits to, donors and my institution;
- My avoidance of activities that might damage the reputation of any donor, my institution, any other resource development professional, the profession as a whole, or myself, and to give full credit for the ideas, words, or images originated by others;
- My respect for the rights of privacy of others and the confidentiality of information gained in the pursuit of my professional duties;
- My acceptance of a compensation method freely agreed upon and based on my institution's usual and customary compensation guidelines, which have been established and approved for general institutional use while always remembering that;
  - A. any compensation agreement should fully reflect the standards of professional conduct;
  - and
  - B. antitrust laws in the United States prohibit limitation on compensation methods.
- My respect for the law and professional ethics as a standard of personal conduct, with full adherence to the policies and procedures of my institution;
- My pledge to adhere to this *Statement of Professional Standards and Conduct*, and to encourage others to join me in observance of its guidelines.

I further pledge to uphold and promote the following donor rights:

- To be informed of the organization's mission, the way the organization intends to use donated resources, and its capacity to use donations effectively for their intended purposes.
- To be informed of the identity of those serving on the organization's governing boards, and to expect the board to exercise prudent judgment in its stewardship responsibilities.
- To have access to the organization's latest financial statements.
- To be assured their gifts will be used for the purposes for which they were given.
- To receive appropriate acknowledgement and recognition.
- To be assured that information about their donations is handled with respect and with confidentiality to the extent provided by law.

## AHP FELLOW CERTIFICATION PROGRAM

- To expect that all relationships with individuals representing organizations of interest to the donor will be professional in nature.
- To be informed whether those seeking donations are volunteers, employees of the organization, or hired solicitors.
- To have the opportunity for their names to be deleted from mailing lists that an organization may intend to share.
- To feel free to ask questions when making a donation and to receive prompt, truthful, and forthright answers.

## FEES

A check for all fees due must accompany your application. (Sorry, AHP cannot bill you.) See Page D-1 of this booklet for a schedule of fees effective in the current year, or call the AHP office at (703) 532-6243. All fees must be paid in U.S. dollars. A fee will be charged for any check returned by the bank for insufficient funds or foreign exchange. These fees partially offset the cost of administering the AHP Fellow Certification Program. All fees are nonrefundable. Make check payable to the **Association for Healthcare Philanthropy** and mail with completed Application and Individual Certification Plan, if applicable, to:

AHP Fellow Certification Program  
313 Park Avenue, Suite 400 Falls  
Church, VA 22046

## AGREEMENTS

I hereby apply to the Association for Healthcare Philanthropy for certification in accordance with its rules, regulations, and policies. I have enclosed a check for all fees due and understand that no part of any fee is refundable. I further understand that additional fees may be payable if I qualify to proceed through the AHP Fellow Certification Program. I authorize AHP prior subsequent to acceptance of my individual Certification Plan (ICP) or my sitting for an examination to make whatever inquiries it deems necessary to ascertain and verify my qualifications, credentials, professional standing, and moral and ethical character, and to disclose information in that process that AHP has received.

By my signature, I pledge to adhere to the AHP *Statement of Professional Standards and Conduct* and to uphold the AHP-endorsed *Donor Bill of Rights* with the knowledge that any false statement or misrepresentation that I may make in the course of my progress through the AHP Fellow Certification Program may result in exclusion from the program and/or revocation of certification status already granted.

I further agree to hold AHP, the members of its Board of Directors and the AHP Board of Certification, examiners, officers, staff, and agents harmless and free from any claims or demands for damage or otherwise by reason of any act of omission or commission that they may make in connection with application, the scores given with respect to my ICP or examination, or any failure of AHP to issue to me a certificate. I understand that the decision as to whether my ICP and examination scores qualify me for certification rests solely and exclusively with AHP and that is decision is final.

3) Full signature of applicant \_\_\_\_\_ Date \_\_\_\_\_