



Minnesota Hospital Association

Hospital Trustee Certification Program

COMPLETION FORM

After completing the education component of MHA's Board Certification requirements, please fill out this form to complete the board certification process. After receiving your completed form, MHA will mail you a certificate confirming your certification.

Name _____

Board Position _____

Facility _____

Address _____

City _____ State _____ Zip _____

Please answer the following questions:

1. Briefly describe something you found particularly helpful or felt was missing from the board orientation process?

2. Briefly describe your hospital's mission or vision.

3. Do you attend and participate in board and committee meetings as required by your facility's bylaws?
Yes No

4. Briefly describe something you found helpful during your board self-assessment process?

5. Please describe your participation in an annual CEO evaluation (if applicable).

6. Which state representatives and senators have you contacted as an advocate for your hospital?

7. Do you comply with your hospital's conflict of interest policy and abstain from voting when appropriate?
Yes No

Signature _____ Date _____

Send completed form to:
Christy Brager, Education Specialist
Minnesota Hospital Association
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