



Minnesota Hospital Association

Hospital Trustee Certification Program

ENROLLMENT FORM

The following Minnesota hospital trustee would like to enroll in the Minnesota Hospital Association Trustee Certification Program:

Name

Title

Position on Board

Hospital/Organization Name

Mailing Address

City / State / Zip

Telephone Number

Fax Number

Trustee E-mail Address

Please answer the following questions and submit documentation as noted:

1. The Minnesota Hospital Association Trustee Certification Program began January, 2008. Do you plan to complete the program?

_____ Yes _____ No

2. Are there trustee education programs that are sponsored/developed by outside organizations (not MHA) that you attend?

_____ Yes _____ No

(over)

A. If so, please indicate the name of the sponsoring organization(s) and the date of the program(s) you have attended since January, 2008.

B. If you would like for this program to be reviewed by MHA for possible approval as meeting certification requirements, please note that below and submit the brochure and agenda.

Yes No

Program brochure/agenda attached.

Please return this form and any documentation for submission to:
Christy Brager, Education Specialist

Mail: Minnesota Hospital Association
2550 University Ave. W., Ste. 350-S
St. Paul, MN 55114
Fax: (651) 659-1477
Email: cbrager@mnhospitals.org

Call (651) 659-1412 or (800) 462-5393 with questions.