Hospital Information

Hospital ______________________________________________________________________________________________

Hospital Address _______________________________________________________________________________________

City ___________________________  State _____________  Zip _______________________

Telephone (______)_________________________  Fax (______)_________________________

How many members are on your board? __________

How many of your board members do you anticipate participating in the IHA Board Certification Program? __________

Applicant Information

Name ________________________________________________________________________________________________

Email (required) _______________________________________________________________________________________

☐ I would like to enroll in the Iowa Hospital Association Board Certification program. By submitting this form to IHA, I am confirming my intention to obtain Iowa Hospital Board Certification.

► If there are multiple applicants from the same Board, please contact Ellen Waller via email at ihahospitalboardcertification@ihaonline.org for a group form.

To obtain Advanced Certification, 10 of the 17 standards listed must be met or completed. Submit this form along with the Basic Certification Form and Continuing Board Education Log.

*It is possible that some advance standards may not be applicable to all candidates. If an item included in the Advanced Standards is not attainable or applicable to the person completing it (for example: only board officers evaluate the CEO), please explain any parts of the certification program that were not completed or that are not applicable to your hospital.

Prepare For and Participate in Board and Committee Meetings

☐ Communicate proactively with board chair and CEO on community issues relating to the hospital that may need consideration and discussion at board meetings

Commitment to Fiduciary Duties of Care, Loyalty and Obedience and Understand Governance Obligations to Bylaws

☐ Participate in the hospital/health system’s governance and/or executive committee

Commitment to Safety and Quality of Patient Care

☐ Participate on the hospital/health system’s quality committee as assigned

Commitment to the Organization’s Financial Health

☐ Demonstrate knowledge of changing payer reimbursement practices and procedures

☐ Participate on the hospital/health system’s audit committee
Commitment to Continuing Board Education

- Participate in regional or state education programs or trustee focused web-based offerings (i.e., IHA Governance Forum, IHA Annual Meeting, IHA Summer Leadership Forum)
- Attend national trustee education programs (i.e., AHA Membership Meeting, Estes Park Institute, Governance Institute, AHA Rural Health Forum, AHA Center for Healthcare Governance, AHA Health Forum Leadership Summit)
- Serve on an IHA Council (i.e., Advocacy, Education, Health Information)

Participate in Performance Evaluation of Self, the Board and the CEO

- Conduct self-assessment annually
- Participate in assessment of board regularly
- Participate in annual CEO evaluation (if applicable)
- Participate in peer-to-peer (360) assessment
- Serve as a mentor to another board member

Participate in Advocacy Efforts on Behalf of Your Hospital and the Health Care industry

- Participate in IHA-sponsored legislative activities in Des Moines
- Participate in AHA Annual Meeting in Washington, DC
- Participate in scheduled appointments or hospital sponsored events with state legislators or Iowa’s congressional delegates
- Contribute to the IHA Political Action Committee

How to submit this form

Please send completed form(s) and supporting documentation to:

Email: ihahospitalboardcertification@ihaonline.org
Fax: 515-698-5163 • Attn: IHA Hospital Board Certification Program
Mail: Iowa Hospital Association • 100 E Grand Ave, Ste 100 • Des Moines, IA 50309
       Attn: IHA Hospital Board Certification Program

Attach any explanation of exceptions as necessary and attach any additional documentation in support of meeting the standards. Supporting documentation can include:
- Personally signed statements
- Attendance records
- Records of offices held
- Education conference certificates of attendance
- Letters or statements from your hospital CEO or board chair
- Copies of board agenda / board meeting minutes

By my signature, I indicate that the information provided on this form is accurate to the best of my knowledge.

Applicant Signature _____________________________________________ Date ______________________

Form submitted by:
Name ______________________________________ Email _______________________________
Q. How many education hours am I required to complete for new certification?
A. A total of 12 hours of continuing board education are required for initial certification. The education hours must be earned within the current and previous calendar year.

Q. How do I maintain my certification?
A. Maintaining your certification requires completing a total of 12 hours of continuing board education every two years. Education hours completed must be submitted annually.

Q. Which forms do I need to submit and when?
A. The Basic Certification Form or Advanced Certification Form and Continuing Board Education log need to be submitted. As a best practice, please submit your forms as early as possible. All forms are due December 31 of the current year.

Q. How can I find out what forms have already been submitted and how many hours have been submitted?
A. To find out what forms and how many hours of education were submitted, please contact Ellen Waller via email at iahospitalboardcertification@ihaonline.org or by phone at 515-283-9363.

Q. What is the deadline for submitting hours of education and all supporting documents?
A. All hours of education and supporting documents are due by December 31 of the current year.