

Alabama Nursing Home Association 2014 Committee Request Form

Your Name: (please type or print) _____

Facility Name: _____

Address: _____

City/State/Zip: _____

ANHA Standing Committees

	<i>First Choice - Individual's Name</i>	<i>Second Choice - Indiv. Name</i>		<i>Third Choice - Indiv. Name</i>
Accounting & Budget:	_____	_____		_____
*Assisted Living Facility/ Certification Committee:	_____	_____		_____
Associate Member Com.:	_____	_____		_____
Convention: (meets In Jan. & May)	_____	_____		_____
Education: (meets In Jan., May & Sept)	_____	_____		_____
* Facility Standards/ Quality Assurance:	_____	_____		_____
*Human Resources:	_____	_____		_____
Legislative:	_____	_____		_____
*Life Safety & Phy. Plant:	_____	_____		_____
*Membership/Ethics/ Charter & Bylaws:	_____	_____		_____
* Payment For Services:	_____	_____		_____
Public Relations:	_____	_____		_____

**These committees meet on an as-need basis and not on a regular set schedule*

***Please take a moment to (a) explain your interest in your committee selection and (b) if possible, briefly describe your thoughts as what the priorities of the committee should be (write on back if necessary).**

*To be considered for committee membership, you must return this completed form
to the ANHA by MONDAY, December 2, 2013.*