



ASSOCIATION OF UNIVERSITY PROGRAMS
IN HEALTH ADMINISTRATION

PROGRAM MEMBERSHIP APPLICATION

University: _____

Program Name: _____

Campus (if appl): _____

Mailing Address: _____

City

State

Zip

Program Director: _____

First

Last

Honorifics

Title: _____

Phone: _____ Fax: _____

E-Mail: _____ Program Website: _____

Program Level: Bachelors Masters Doctoral

In what academic setting is your program housed?

Allied Health

Business

Health Administration

Medicine

Public Administration

Public Health

Stand Alone Department

Other

Other Program Setting: _____

Name(s) of Degrees Awarded by Program: _____

Number of degrees granted by program (in all settings for
which you are applying) in last full academic year.

What is your regional accreditation? MSA NCA NEASC NWCCU SACS WASC

Does your program/Department/School have any specialty accreditation?

None

AACSB

CEPH

NASPAA

Other: _____

Do you intend to stand for AUPHA Certification or CAHME Accreditation within the next 8 years? Yes No

Do you wish to participate in the centralized application service, HAMPCAS? Yes No

Please provide contact information for first additional faculty member to add to your membership.

Name: _____

Title: _____

Phone: _____

Email: _____

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Name: _____

Title: _____

Phone: _____

Email: _____

Dues (please circle category and dues rate)

	Students Enrolled in Program		
	1-150	151-300	301+
Graduate	2013	2013	2013
Associate	\$3,850	\$7,000	\$10,000
Full	\$4,425	\$7,500	\$11,000
Undergraduate			
Associate	\$2,550	\$4,500	\$6,500
Full	\$2,925	\$5,000	\$8,000
	Students Enrolled in Both Programs		
	1-250	251-350	350+
Dual	\$5,500	\$10,000	\$12,000
	Students Enrolled in All Programs		
	1-300	301-600	601+
University	\$7,200	\$11,000	\$13,000

By signing below you confirm that all of the information provided above is accurate. If you have indicated that you intend to stand for accreditation or certification above, your signature below implies a commitment to that. Should your program's intentions change at any time, AUPHA should be informed immediately. You will be asked to provide a report on your progress toward certification or accreditation annually.

Name

Date

Please mail or fax application, along with a check for appropriate dues amount, to:

Lacey Meckley
Director of Membership
Association of University Programs in Health Administration
2000 14th Street North
Suite 780
Arlington, VA 22201
Phone: (703) 894-0940 x122
Fax: (703) 894-0941
Email: lmeckley@aupha.org