

## Membership Benefits

- Educational conferences
- Networking opportunities
- Reduced fees for educational programs
- Affiliated with the Texas Association for Healthcare Quality
- Leadership and team participation opportunities
- Sharing best practices



### Mission

NTAHQ is committed to excellence in healthcare through developing professional expertise in the area and science of healthcare quality.

### Vision

Leading driver of healthcare quality in North Texas

### Values

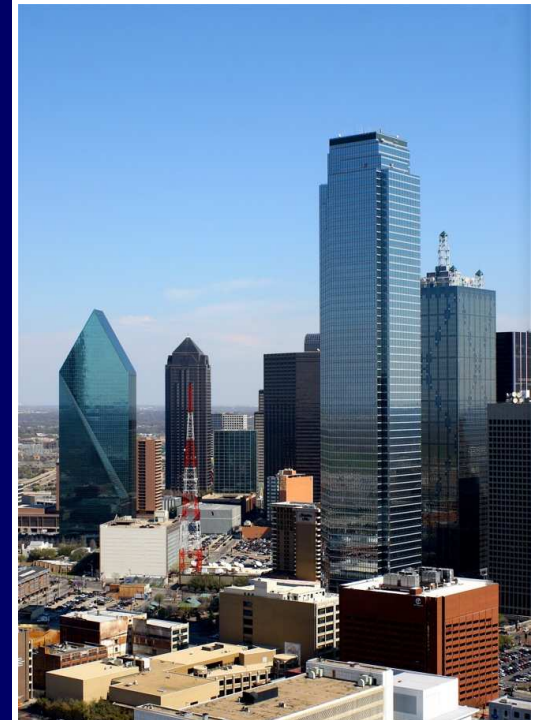
Commitment  
Honesty  
Dependability  
Pursuit of excellence  
Professional ethics



Membership annual Dues: \$15.00 yr  
Please mail application with your check to:  
NTAHQ  
P.O. Box 1574  
Denison, TX 75020-2669  
Fax: 903-416-2300

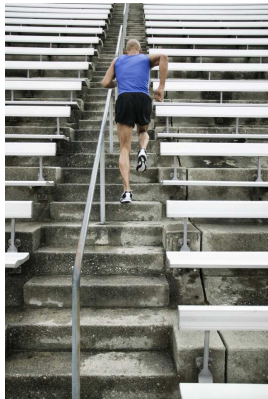


*...Champions for healthcare  
Quality in Texas  
...Building Leadership into the  
future*



NTAHQ is recognized as a charitable organization under section 501 (C) (3) of the internal Revenue Code

*The North Texas Association for Healthcare Quality is a professional organization dedicated to facilitating ongoing education for professionals who are interested in improving healthcare quality*



**Educational Meetings** are scheduled the second Friday of every other month in Jan., March, May, July, & September 2:45-5:00 pm

With an annual educational conference in November-Date and time announced

**Meeting Location:**  
 Medical Center of McKinney  
 Classrooms 3 & 4  
 4500 Medical Center Drive  
 McKinney, TX

If you would like additional information, please call Sandra Jones at (903)-416-4132; [sjones@thcs.org](mailto:sjones@thcs.org) or Carol Clark at (972)-540-4418; [carol.clark@lonestarhealth.com](mailto:carol.clark@lonestarhealth.com)

Membership is open to professionals in a variety of healthcare settings including:

- ⇒ Healthcare Quality Leaders
- ⇒ Quality Management
- ⇒ Risk Management
- ⇒ Case Management
- ⇒ Utilization Management
- ⇒ Health Information Management
- ⇒ Medical Staff Management
- ⇒ Nurse Leaders
- ⇒ Discharge Planners
- ⇒ Infection Control
- ⇒ Data Abstracting/Analysis
- ⇒ 3rd Party Payors
- ⇒ Consultants



**Membership Application**

\*Name \_\_\_\_\_  
 \*Job Title \_\_\_\_\_  
 \*Organization \_\_\_\_\_  
 \*Mailing Address  Home  Work  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (home) \_\_\_\_\_  
 (work) \_\_\_\_\_  
 \*Fax \_\_\_\_\_  
 \*E-Mail \_\_\_\_\_  
 Referred by \_\_\_\_\_

(\*indicates a mandatory field)

Certification:

CPHQ?  Yes  No

Currently a member of:

NAHQ?

TAHQ?

Please mail application with your check for \$15.00 payable to:

NTAHQ  
 P O Box 1574  
 Denison, TX 75020-2669

**In the memo section of the check, please indicate—NTAHQ Membership**

