



# TEXAS HEALTHCARE TRUSTEES

## Application for Continuing THT Trustee Recognition

To continue Trustee Recognition, a recognized trustee must:

- Actively serve on a hospital or health system governing board
- Submit Continuing Education Report with continuing education requirements (total of 12 hours during term of recognition)
- Complete a personal interview on the practice of effective governance
- Remit \$50 fee at the time the report is submitted.

### Instructions

Complete this Continuing Recognition Report form. Please submit it, along with supporting materials and payment of \$50, to the Texas Healthcare Trustees, P.O. Box 679010, Austin, TX 78767-9010. Please call Amy Gayhart at 512/465-1013 with any questions.

### Contact Information

Governing Board Member	
Mailing Address	
City, State, Zip Code	
Home Phone <i>(include area code)</i>	
Work Phone <i>(include area code)</i>	
E-Mail Address	
Hospital/Health System Board	
Board Term Expiration	

**Pledge**

*Trustee Recognition standards promote and maintain excellence in governance. As a member, I pledge that I demonstrate continuing achievement of the standards.*

- ★ Commitment to the hospital and the community it serves
- ★ Commitment to meeting the fiduciary duties of Care, Loyalty and Obedience and governance obligations in bylaws, accreditation standards and law
- ★ Commitment to governance educational development
- ★ Understanding the board’s conflict of interest policy and not violating it
- ★ Evaluation of self, the board and the CEO
- ★ Preparation for each board and committee meeting

**Recognized Governing Board Member**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*The governing board member continues to achieve the standards to promote and maintain excellence in governance.*

**Governing Board Chairman**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Administrator/CEO**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Continuing Education Report Form

Provide the following information for each continuing education program with a governance focus attended:

- Educational Organization
- Program Title / Description
- Location
- Date
- Number of Hours (CE, CEU, Attach Proof of Attendance)
- *Attach proof of attendance (certificate, registration, confirmation)*

Organization	
Program Title / Description	
Location	
Date	
Number of Hours (CE,CEU, Attach Proof of Attendance)	

Organization	
Program Title / Description	
Location	
Date	
Number of Hours (CE,CEU, Attach Proof of Attendance)	

Organization	
Program Title / Description	
Location	
Date	
Number of Hours (CE,CEU, Attach Proof of Attendance)	

