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Colorado Hospital Association

Application For Membership

The governing Board of this institution hereby submits the necessary data and applies for Type A Institutional membership in the Colorado Hospital Association.

General Information

Date:

Name of Hospital

Street Address

City

County

State

Zip Code

Name of Chief Executive Officer

Title of Chief Executive Officer

Telephone

Email Address

Is your institution registered by the American Hospital Association?

Yes

No

How is your hospital licensed by the State of Colorado?

General

Psychiatric

Rehabilitation

Other (Specify)

Please list the Name and Address of the President of your Governing Board
(Please attach a Copy of your Board of Trustees)

Classification

Type of organization owning hospital (check one)

Governmental, non-federal

State

County

City

City-county

Hospital District

Federal Government, Specify

Is your hospital managed by same organization that owns or controls it?

Yes

No

Non-governmental, not-for-profit

Church operated

Other not-for-profit

If no, indicate the name and type of organization that manages the hospital

Non-governmental, investor-owned

Individual

Partnership

Corporation

(Application continues on other side)

Application For Membership continues

Check the one category that best describes the type of service that your hospital provides to the majority of admissions:

- | | | |
|---|---|--|
| <input type="checkbox"/> General medical and surgical | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Tuberculosis & Other Respiratory Diseases |
| <input type="checkbox"/> OB and Gynecology | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Eye, Ear, Nose and Throat |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Other - specify treatment area |
| <input type="checkbox"/> Alcoholism and/or Other Chemical | <input type="checkbox"/> Dependency | <input type="checkbox"/> Mental Retardation |

Information Concerning Size and Operation of Hospital

Licensed beds excluding bassinets: _____

Total Hospital (not system) Operating Revenues
less Bad Debt for the most recent year available: _____

If a new facility, your first year's projected
Total Operating Revenues less Bad Debt: _____

Does the hospital have an organized auxiliary? Yes No

Who is your contact person? _____

February 2007



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