

GOVERNANCE POLICIES OF THE
ASSOCIATION FOR HEALTHCARE RESOURCE &
MATERIALS MANAGEMENT (AHRMM)
OF THE
AMERICAN HOSPITAL ASSOCIATION (AHA)

AMENDED AND APPROVED BY THE AHRMM BOARD
March 30, 2020

ARTICLE 1 – Name

The organization’s name shall be the Association for Healthcare Resource & Materials Management (hereinafter, AHRMM) of the American Hospital Association (hereinafter, AHA).

ARTICLE 2 – Mission

AHRMM strives to advance healthcare through supply chain excellence by providing education, leadership, and advocacy to professionals in hospitals, health systems, and related organizations that are accountable to the community and committed to health improvement.

ARTICLE 3 – Objectives

3.1 AHRMM’s objectives are:

- To provide networking opportunities which facilitate the flow of information and ideas among members and related partners.
- To promote and facilitate communication that builds understanding between partners and members.
- To deliver educational opportunities to meet the needs of the changing supply chain healthcare environment.
- To promote the achievements and professional development of members, building upon the value of the AHRMM membership.
- To develop new business ventures ensuring financial stability, strong membership and national recognition as the leader in the supply chain management field.

3.2 AHRMM is organized for charitable, scientific, and educational purposes as a not-for-profit association. AHRMM shall conduct its business so that no part of its income or earnings shall inure to the benefit of any AHRMM member, Board Member, Officer, or other individual. Upon dissolution, all assets remaining, after

payment of applicable debts, shall be dispersed according to the AHA/PMG Operating Guidelines.

ARTICLE 4 – Powers

- 4.1 AHRMM functions as a Professional Membership Group (PMG) of the AHA and has powers as outlined in the AHA/PMG Operating Guidelines (see attached). Operating Guidelines are reviewed annually by an AHA/PMG Operating Guidelines Review Task Force and recommendations are made by AHRMM's Board to the Vice President of PMGs at the AHA.
- 4.2 AHRMM statements shall be issued through regular AHA channels.

ARTICLE 5 – Membership

- 5.1 Eligibility
 - 5.1.1 Supply Chain Provider Members. Individuals eligible for supply chain provider membership in AHRMM shall be those who are employed by a healthcare provider organization. If a supply chain provider member changes affiliation and becomes eligible for retired or student member status, the member may finish existing commitments. Supply chain provider membership in AHRMM shall become effective upon approval by the Executive Director of a completed application form and receipt of specified dues.
 - 5.1.2 Affiliate Members. Individuals eligible for affiliate membership in AHRMM shall be those who are employed in the healthcare field as vendors, consultants, trade press, GPOs, distributors, etc. Affiliate membership in AHRMM shall become effective upon approval by the Executive Director of a completed application form and receipt of specified dues.
 - 5.1.3 Military Members. Individuals eligible for military membership shall be those who are active duty military personnel. Military membership in AHRMM shall become effective upon approval of the Executive Director of a completed application form and receipt of specified dues.
 - 5.1.4 Supply Chain Executive Members. Individuals eligible for supply chain executive membership shall be those who are employed as CEOs, EVPs, VPs, or similar by healthcare provider organizations. Supply chain executive membership in AHRMM shall become effective upon the approval of the Executive Director of a completed application form and receipt of the specified dues.

- 5.1.5 Young Professional Associate Members. Individuals eligible for young professional associate membership shall be those individuals employed by a healthcare provider organization and who are age thirty-five (35) or younger. When a young professional associate member reaches the age of thirty-six (36) membership will be transferred to supply chain provider member status. Young professional associate membership dues shall be approximately three quarters (3/4) of the current dues for supply chain provider members. Young professional associate membership in AHRMM shall be effective upon approval by the Executive Director of a completed application, receipt of the specified dues, and proof of date of birth.
- 5.1.6 Student Members. Individuals eligible for student membership shall be those who are enrolled full-time in an accredited school. Student members shall have voting privileges but are not eligible to hold an Officer or Board Member position in AHRMM. Student membership dues shall be approximately two thirds (2/3) of the current dues for supply chain provider members. Student membership in AHRMM shall become effective upon the approval by the Executive Director of a completed application form, receipt of the specified dues, and proof of full-time enrollment.
- 5.1.7 Retired Members. Individuals eligible for retired membership shall be those who have been supply chain members of AHRMM and are now retired from full time employment within healthcare supply chain management and desire to continue their membership. Retired members shall have voting privileges and are eligible to hold an Officer or Board Member position in AHRMM. Retired membership dues shall be approximately two thirds (2/3) of the current dues for supply chain provider members. Retired membership in AHRMM shall become effective upon the approval of the Executive Director of a completed application form and receipt of the specified dues and proof of retirement.
- 5.1.8 Lifetime Members. Individuals eligible for lifetime membership are those who have either served as President or Chair of the Association, Lifetime members will be provided free membership to the Association. This membership status is not transferable.

5.2 Transfer of Membership

Membership in AHRMM shall not be transferable to another person. Members who change their institutional affiliation shall retain their membership during the full term for which dues have been paid. In select situations such as the Veterans Administration and the Uniformed Services, memberships do belong to institutions and do transfer to another person from that institution. These are special cases governed by Federal statute.

5.3 Resignation

Any member may resign at any time by so stating in writing to the AHRMM Executive Director and is not entitled to a refund of dues.

5.4 Suspension and Expulsion

Any AHRMM member whose conduct is deemed to be detrimental to the best interest of AHRMM, or who willfully violates its governance policies, rules, or regulations, may be suspended or expelled by action of the Board. Initially, the conduct that is deemed to be in violation will be reviewed by the Association's Executive Committee. The Executive Committee will prepare all materials related to the infraction and make a recommendation to the Board for action. The Board will take action based on the Executive Committee's recommendation. The member will be informed in writing of the Board's recommended action and the member is entitled to a hearing before the Board before final action is taken.

5.5 Termination

Membership in AHRMM may be terminated by the Board for noncompliance with any pertinent provisions of the AHRMM regulations or policies and the AHA bylaws and for violation of these regulations or policies and any rules and regulations promulgated pursuant thereto. The AHRMM member shall be afforded an opportunity for a hearing before the Board.

ARTICLE 6 – Meetings

6.1 Annual Meeting

An annual meeting for the transaction of AHRMM affairs shall be held as a conference on the advancement of the healthcare supply chain, as specified by the Board. AHRMM's Executive Director shall announce the annual meeting and program to AHRMM members at least 60 days prior to the meeting. Publication of said announcement shall constitute notification to the membership. AHRMM encourages the attendance and participation of Chapter Presidents at the annual meeting, but is not responsible for the personal or travel expenses of Chapter Presidents. AHRMM is responsible for conducting the annual meeting.

6.2 Meetings of Board and Voting

6.2.1 AHRMM's Board shall meet not less than three times a year, upon receipt of formal notice from the AHRMM Executive Director.

6.2.2 Three-fourths (3/4) of the members of the Board shall constitute a quorum for the conduct of AHRMM official business.

- 6.2.3 The act of a majority of the Board members present at a meeting at which a quorum is present shall be the act of the Board, except where otherwise provided by law or by these governance policies. Amendments to these governance policies requires the approval of two-thirds (2/3) of the total number of Board members.
- 6.2.4 In cases of the election of the Chair-Elect, the removal of a Board member, and a proposed change in the governance policies, every eligible member of the Board must register a vote and no abstentions will be accepted.

ARTICLE 7 – AHRMM Officers, Board Members, and Executive Director

There shall be a Board for AHRMM comprised of Officers (Chair, Chair-Elect, and Immediate Past Chair) and Board members. The Board members shall be comprised of ten (10) active leaders in the health care supply chain: eight (8) from the health care provider membership which includes the military, and two (2) from the affiliate membership. The composition of the board may be altered: a) during transition periods from one board-approved governance structure to another until such time that the new governance structure is fully in place; or b) when a board member changes categories of employment (provider/affiliate/military), until the next full election cycle when the open category/position can be filled and the intended balance on the Board can be restored.

At times, specific to the circumstances, the Chair may appoint additional representatives with the approval of the Board. These “special” appointees must be for a specific period of time and for a specific referenced need. The term of these “special” appointees may not exceed the term of any board member but may be shorter depending on the specific need. Upon meeting the specific term, the Board shall revert to its original configuration.

An amendment to the governance policies would not be required but notification to the membership shall take place within two (2) weeks following the ratification by the Board. The AHRMM Executive Director is an ex-officio, non-voting member of the Board.

7.1 AHRMM Officers

- 7.1.1 The Officers of AHRMM shall be Chair, Chair-Elect, and Immediate Past Chair.
- 7.1.2 A person interested in running for the AHRMM Chair-Elect seat must meet the following requirements:
- Be an AHRMM member in good standing for the last two consecutive years.
 - Be a Certified Materials & Resource Professional (CMRP) and/or Fellow (FAHRMM).
 - Have completed one year (January 1 – December 31) of a board term as an AHRMM Board Member prior to self-nominating.

- If an AHRMM Board Member resigns, is removed, or dies, the appointed Board Member must have served on the board for at least one year before self-nominating for Chair-Elect.
- One who meets the above criteria may self-nominate for the Chair-Elect position; there are no time limitations regarding being off the board that impact one's ability to self-nominate.

7.1.3 Eligibility to serve as Chair or Chair-Elect does not terminate if that member changes jobs. Retirement and/or unemployment would not make a candidate ineligible as Chair or Chair-Elect.

7.2 Board Members.

To be eligible for a Board member position, an individual must be in good standing during the nomination and election period. One provider seat and one affiliate seat will be made available to new AHRMM members. A new member is defined as any member who has joined AHRMM within the past 12 months. The Board will not exceed more than two seats occupied at any one term period by individuals who have been a member of AHRMM for under one year. No Board member who has served a complete Board term shall be eligible for reelection as a Board member for a period of one year. If the individual who was elected to the Board has a change in employment that affects their membership category, that individual may retain his/her seat for the remainder of their elected term. At the next possible election period, the election ballot will reflect the open category so as to regain the intended balance in the board.

7.2.1 Healthcare Provider Board Member. To be eligible for a Healthcare Provider Board member position, an individual must be directly employed by a healthcare provider or be on active duty in the Military. The Military is comprised of the Army, Air Force, Navy, Marines and Coast Guard

7.2.2 Affiliate Board Member. To be eligible for an Affiliate Board member position, an individual must be employed by an affiliated healthcare organization or company (vendors, consultants, trade press, GPOs, distributors, etc.).

7.2.3 Special Appointee Board Member. A Special Appointee Board Member is appointed by the Chair, with a majority vote, by the Board. A Special Appointee Board Member will be appointed for a specific purpose or task and the length of their term will be determined upon their appointment. The term limit of these board members will be for a minimum of six months and shall not exceed three years. Special Appointee Board Members must be members of AHRMM prior to their appointment.

7.2.5 Resignation

Any board member may resign at any time by so stating in writing to the AHRMM Executive Director.

7.3 Executive Committee

7.3.1 The Executive Committee shall be comprised of the Chair, Chair-Elect, Immediate Past Chair, and a Board member selected by the Chair and approved by the Board.

7.3.2 The Executive Committee shall act on behalf of the Board as necessary to provide guidance to the Executive Director. Overall responsibilities/actions of the Executive Committee include: (a) oversee the financials and report any issues to the Board, (b) nomination of George R. Gossett Leadership Award candidate for approval by the Board, (c) appointment of AHA/PMG spokespersons for the Association. All issues/decisions made by the Executive Committee must be presented and ratified by the Board for final approval.

7.4 AHRMM Executive Director

AHRMM's Executive Director shall be appointed by the AHA's Vice President of PMGs in consultation with the AHRMM's Executive Committee, acting on behalf and with input from the Board. The Executive Director shall be an AHA employee and an ex-officio, non-voting member of the AHRMM Board.

7.5 Election

The Board members shall be elected when the current Board member is in the third year of the three-year term. Board member candidates shall be named by the Nominating Committee for the Board position. Eligibility to serve as a Board member terminates if that member no longer qualifies according to the definition in 7.2.

7.5.1 The Nominating Committee is comprised of the AHRMM Officers (Chair, Chair-Elect, and Immediate Past Chair), the 2 most recent past chairs, and up to three at large members, for a maximum total of 8 members. The Nominating Committee is responsible for recommending candidates when there is a vacancy/term completion for any Board seat, including Chair-Elect. The Immediate Past Chair will serve as Chair of the Nominating Committee. The Committee shall work year round toward active recruitment of talented individuals to run for the AHRMM Board. The Committee shall nominate up to three candidates for each board position and the Chair-Elect position. The Committee will make the decision to nominate up to three candidates based on both subjective and objective criteria.

In the event that all measures for the recruitment of at least two viable candidates have been exhausted and there is only a single candidate nominated, that candidate's name will be placed on the ballot and the election process will proceed as identified in 7.5.2.

- 7.5.2 Additional Candidate Procedure. The election ballot will not include either two members from the same organization running for the same term period or one member of an organization running if the organization will have representation in the coming term year as a result of a current sitting board member. Should candidates from the same organization not come to a mutual agreement in regards to who will continue with the nomination process, the Nominating Committee Chair and Executive Director will make the final determination and ballot selection.
- 7.5.3 General Election. The election shall be conducted via the Web site. A ballot listing the names of eligible candidates, named by the Nominating Committee, together with the application on the person's background and experience and a candidate flyer, shall be emailed to each AHRMM member with voting privileges and will also be available on the AHRMM website. The Executive Director shall tabulate the vote. A tie vote shall be resolved by a run-off election only between those two candidates with the tie votes. In the event of a tie vote in the run-off election, Board approved criteria for selection of the Board Candidates will be reviewed, and the candidate scoring the highest score will be determined the winner of the election. The results shall be published in the earliest possible issue of the magazine and posted on the AHRMM Web site. Attached are detailed campaign rules that must be followed during every election. Candidates found in violation of the rules by the Nominating Committee will be disqualified from the election. The Chair of the Nominating Committee will notify candidates of the election results. The only actual results shared will be percentage of votes received, which will be shared with the candidates only, upon request, and candidates will be asked to keep this information confidential. Percentage of voter turnout will be published in the AHRMM magazine following the election.
- 7.5.4 Chair-Elect Election. The Chair-Elect shall be elected by the current Board and would be required to have served at least one year on the AHRMM Board. At the third Board Meeting of the year, the Chair-Elect candidates' platforms will be presented to the Board. The written platforms will be sent to the Board after the platforms are presented. There will be a confidential Board ballot email vote with a two week deadline. There must be a simple majority vote by the AHRMM Board to elect Chair-Elect. No Board Member can abstain from the confidential Board ballot vote for Chair-Elect. If there is no clear winner established in the first round, the two candidates receiving the most votes move to round 2 of a confidential Board ballot

email vote. There will not be more than 2 rounds of voting. The Nominating Committee Chair will call the Chair-Elect candidates to share the results.

7.6 Term

The term of office for Board members shall be three years. Transition of new officers and Board members will become effective on January 1 of each calendar year. Any Board vacancies shall be filled by appointment by the Chair, with a majority approval by the Board.

7.6.1 In the event the Chair shall be unable to fulfill the duties of the office, the Chair-Elect shall act as Chair until January 1 of the next calendar year at which time the Chair-Elect shall assume the role of Chair. If there is a vacancy in the office of both the Chair and Chair-Elect, the Immediate Past Chair shall preside over a meeting of the Board to hold an election to fill the office of Chair from among the current Board members. A simple majority vote of Board members shall be necessary for election of the office of Chair.

7.7 Duties of Chair

The Chair shall serve as an officer of the Board with a one year term of office. The Chair shall preside at all AHRMM meetings and serve as chairperson of the Board. The Chair has the duty of supervising AHRMM's activities. An annual report noting the membership, activities, accomplishments, and goals of AHRMM, which shall be kept in the permanent files of AHRMM, shall be made by the Chair. The Chair shall perform other duties as authorized by the Board.

7.8 Duties of Chair-Elect

7.8.1 The Chair-Elect shall serve as an officer of the Board with a one year term of office. The Chair-Elect shall, in the absence of the Chair, perform all duties and assume all responsibilities of the Chair.

7.8.2 The Chair-Elect shall complete a strategy map in cooperation with the Executive Committee. The strategy map shall be submitted for review to the Board in February/March and a supportive budget shall be submitted to the Board for approval in August.

7.8.3 The Chair-Elect shall work with the Executive Committee to prepare the budget for the next fiscal year. The budget should support the initiatives in the strategy map and where funds are not available for all strategy map initiatives, the Chair-Elect will compile a priority list with budget details to be shared with the Board.

7.9 Duties of Immediate Past Chair

The Immediate Past Chair shall serve as an officer of the Board with a one year term of office. Responsibilities include communications with AHRMM alumni and serving as Chair of the Past Board Leadership Council, and Nominating Committee and other duties authorized by the Board.

7.10 Duties of AHRMM Executive Director

The AHRMM Executive Director is responsible for the “operational” issues of the Association. The Executive Director shall attend all meetings and Board meetings, provide guidance to integrate approved AHA policies and promote AHRMM's relationships with the AHA and allied associations. The Executive Director shall serve as administrator for the preparation of minutes and official records of AHRMM. The AHRMM Executive Director shall maintain the membership and financial records of AHRMM and shall perform such other duties as may be necessary to coordinate and advance AHRMM’s objectives within the limits of AHA employment.

7.11 Duties of Board Members

The Board will be responsible for providing “strategic” direction for the Association. Additional responsibilities outlined in the AHA Affiliation Guidelines are summarized below:

- a. Develop the mission and strategy map of the association and ensure that there is integration and connection to the AHA plan.
- b. Decide annually on the activities and programs that are most valuable to the members and then fund those programs and ensure that adequate staffing is available to carry out the programs.
- c. Evaluate annually the programs and services provided to the members and participate in setting the Executive Director’s goals and objectives.
- d. Participate in hiring and evaluating the Executive Director.
- e. Work with the staff to complete the budget approval process according to the guidelines given in the Financial Guidelines Section and the calendar and time line established by the AHA.
- f. Review financial performance at each Board meeting making decisions and taking actions that are consistent with achieving targets established in the Financial Guidelines Section.
- g. Establish policy and advocacy goals for the association and annually, or more frequently if necessary, communicate those goals to the AHA.
- h. Attendance at all Board meetings, Annual Conferences and other special programs established by the Association.
- i. Additional duties of the Board Members include: a minimum of one written article per year, attending approved chapter visits, presentations at other approved organizations/associations, and recruitment of board candidates.

7.12 Forfeiture of and Removal from Office

Board members shall automatically forfeit their office upon loss of eligibility, or upon being expelled from membership pursuant to Article 5. Any Board member is subject to removal from office for (a) failure to fulfill the duties of office, (b) ethics violations, or (c) gross negligence or misconduct. Issues of this nature will only be discussed in Executive Session.

Any Board members who are absent from two successive Board meetings without adequate reason, in the view of the Chair, shall have their appointments terminated and seats declared vacant, to be filled in accordance with the provisions of these governance policies.

ARTICLE 8 – Chapter Affiliation

8.1 Objectives of Affiliation

- To establish liaison between the local chapter and AHRMM.
- To develop capable healthcare purchasing supply chain personnel to serve the interests of the healthcare industry.
- To work toward the provision of effective programs for purchasing, resource and healthcare supply chain personnel.
- To serve as an advocate of the healthcare supply chain.

8.2 Parties to Affiliation Agreement

The chapter affiliation agreement (see attached) shall be initiated by the local chapter or group and agreed to by AHRMM's Executive Director.

8.3 Requirements for Affiliation

The affiliated chapter and AHRMM shall both seek to increase their joint membership. However, either organization may accept into its membership applicants who are not members of the other organization.

The chapter affiliated with the Association for Healthcare Resource & Materials Management (AHRMM) shall not affiliate with any other competing supply chain management organization on a regional, state, or national level.

The affiliated chapter shall send a roster of their membership, list of officers, a chapter update report, and a listing of their programs and calendar of events to AHRMM every year. If available, each chapter will send a copy of their strategic plan.

The affiliated chapter shall inform AHRMM's Executive Director of any change in Chapter President within 30 days of change or at a minimum annually upon submission of chapter affiliation agreement.

Each affiliated chapter shall offer information regarding the AHA Certified Materials & Resource Professional (CMRP) Program to their members.

Each affiliated chapter must commit to promote the benefits of membership to AHRMM (national) at their chapter meetings. AHRMM will promote affiliated chapters to its membership.

A chapter affiliated with AHRMM is a distinct entity and is therefore responsible for maintaining its own financial records, filing appropriate notices and forms with state and federal tax authorities, maintaining necessary insurance coverage, and so forth.

8.4 Termination

The affiliation agreement may be terminated by either party upon serving a 90 day cancellation notice in writing.

ARTICLE 9 – Chapter Presidents

9.1 Selection and Term

The term “chapter” shall apply to affiliated chapters of AHRMM. The Chapter President shall serve as the representative of the group. The Chapter President must be a regular member of AHRMM.

9.2 Duties

It shall be the responsibility of the Chapter Presidents to ensure liaison between AHRMM and the membership of their respective chapters.

The duties of a Chapter President in maintaining liaison shall be:

- To promote the activities of AHRMM by cooperating with state, metropolitan, or regional healthcare associations, and by assisting to arrange for participation in meetings of concern to the healthcare supply chain profession.
- To ensure that all national requirements listed in Article 8 are adhered to on behalf of the chapter.

ARTICLE 10 – Committees & Task Forces

10.1 Standing Committees and Councils

A standing committee performs a continuing function and deals with organizational and operational procedures. AHRMM standing committees include: Executive,

Past Board Leadership Council, Annual Conference Education, Education, Fellow Review, Membership, Chapter Relations, Issues and Legislative, Nominating, and Certification (the Certification Committee is managed through the AHA-Certification Center). Each year the Chair-Elect will prepare the committee goals and objectives for the following year. All committees will have appointed Board and staff liaisons. Committee chairpersons/board representatives shall provide committee meeting updates to be included in the Board meeting book and make formal recommendations from his/her committee directly to the Executive Committee for presentation to the Board.

10.2 Task Forces

Task Forces are organized with a specific objective or problem in mind and usually disbands after its work is completed. The Chair appoints Task Forces and selects Task Force members. The Chair, in appointing the Task Force, sets its goals and sets a specific time frame for completion of goals.

Task Forces shall prepare written recommendations to be submitted by the AHRMM Executive Director to the Chair of AHRMM upon completion of the project.

ARTICLE 11 – Conflict of Interest of Board Members and Officers

11.1 General

The Board members and Officers of AHRMM shall administer its affairs honestly and economically and exercise their best care, skill, and judgment for the benefit of AHRMM.

During their terms of office, Board members and Officers shall promptly make full disclosure to the Board of any existing or new employment, activity, investment, or other interest that might involve obligations that may adversely compete or be in conflict with the interest of AHRMM.

11.2 Conflict of Interest/Disclosure Form and Ethical Code of Conduct and Conflict of Interest Statement

Each person shall complete a Conflict of Interest/Disclosure Form and Ethical Code of Conduct and Conflict of Interest Statement, as approved by the Board, before nomination to office or before appointment to fill a vacancy in office and prior to the assumption of office. The conflict of interest form shall be reviewed by the AHRMM Executive Director and referred to the Executive Committee, and then to the Board, if a conflict exists and cannot be resolved.

11.3 Resolution of Conflict of Interest

- 11.3.1 Upon disclosure of a conflict of interest or a challenge on that basis, any Officer or Board Member shall resolve such conflict in a manner consistent with that provided in the American Hospital Association Guidelines for Resolution of Conflicts of Interest in Health Care Institutions or the American Hospital Association Policy on Conflicts of Interest for its Trustees, Officers, and employees, or by any other ethical manner.
- 11.3.2 Any Officer or Board Member who fails to make written disclosure or is found to have an unresolved conflict of interest that does or will substantially impair faithful and diligent performance of the duties of office shall be removed from office.
- 11.3.3 Conflict of Interest/Disclosure Forms and Ethical Code of Conduct and Conflict of Interest Statements shall be delivered to the Executive Committee for review and decision. Appeal of adverse decisions shall be made directly to the Board Member in a manner similar to the hearing procedure established by the AHA regulations. Board members with potential conflicts of interest shall not participate in the appeal decision.
- 11.3.4 In the event the AHRMM Executive Committee determines the conflict is serious enough to jeopardize the interests and welfare of AHRMM, the Officer or Board Member may be suspended immediately pending final review by the Board.

ARTICLE 12 – Dues

12.1 Rate of Dues

Minimum annual dues of AHRMM shall be as established by the staff with the implementation of annual dues adjustment as appropriate. All dues shall be paid directly to the AHA, which shall allocate operating funds to AHRMM upon presentation and approval of an annual budget as incorporated with the total AHA budget. No portion of the dues paid by any member shall be refundable because membership is terminated for any reason. Any funds or property that may be donated to further the work or programs of AHRMM shall become the property of the AHA, and shall be used for the purpose designated by the donor.

12.2 Dues Delinquency

The membership of a member who has not paid annual dues within 30 days after the due date may be suspended or terminated.

ARTICLE 13 – Fellow Program

13.1 The Fellow program has been developed to recognize the professional contributions and achievements of AHRMM members and is administered by the AHRMM Chair and the Board.

13.1.1 Fellow status is granted to an AHRMM member who has been a Certified Materials & Resource Professional (CMRP) for one year, submitted an original unpublished paper on a current aspect of healthcare supply chain management, and has met such other requirements as established by the AHRMM Board.

This level must be renewed every five years based on Board criteria and membership status. It is the responsibility of the member to submit their renewal for Fellow. Any Fellow completing a third recertification process will be granted lifetime Fellow status.

13.2 Fellow Review Committee. The Committee shall administer the Fellow program and shall be composed of a Chair and at least two other members. Committee members will be AHRMM members who have achieved Fellow status. This Committee will have the responsibility also for maintaining a reliable and valid recognition system.

13.3 Administration Fee. A fee shall be charged to members desiring to achieve Fellow status. The fee will be determined by the AHRMM Board and will be reviewed annually for appropriateness.

13.3.1 A person applying for Fellow status will be allowed to resubmit an original unpublished paper one time for consideration without repaying the fee provided the resubmitted paper is received by AHRMM within one year of the first.

13.4 Notification. A schedule for proper application and written paper submission will be developed by the Committee and distributed to AHRMM members. Such schedules will be reviewed from time to time by the AHRMM for appropriateness.

13.5 Loss of Status and Reinstatement. Those members who have achieved Fellow status and are no longer eligible for membership in AHRMM will not forfeit their status due to a lapse in employment for a period up to 12 months. Reinstatement otherwise shall be by formal application.

13.6 Certificate of Achievement. Certificates of achievement shall be issued to each AHRMM member who successfully achieves Fellow status. Additional recognition will be given at AHRMM's Annual Conference & Exhibition. Members achieving Fellow status may use the designation "FAHRMM" after their names.

- 13.7 Expulsion. Any Fellow AHRMM member who is removed from AHRMM membership under governance policies section 5.4, Suspension and Expulsion, and 5.5, Termination, shall forfeit Fellow status.

ARTICLE 14 – Amendments

- 14.1 These AHRMM regulations / policies shall be reviewed at least every three years to ensure that the provisions are adequate and current.
- 14.2 These AHRMM regulations / policies may be altered, amended, or repealed by a majority two-thirds vote of the AHRMM Board at a regular meeting, at a special meeting of the Board, or via email called for this purpose. Notice of proposed changes shall be sent to all members of the Board at least two weeks in advance of the meeting. If the notice is sent via email, the Board will have two weeks to approve or repeal the proposed changes.

Revised and ratified: March 30, 2020