**Academy of Health Information Professionals**

**Application for Membership: Form EMERITUS**

***Required of all applicants.*** Save this document to your computer before completing. Use the naming convention “emeritus\_lastname.pdf” to save. Please provide all information. Email your completed application to [gunn@mail.mlahq.org](mailto:gunn@mail.mlahq.org). You will receive email confirmation that your application has been received.

APPLICANT CONTACT INFORMATION

Name (Last, First, Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_ Zip/Postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MLA STATUS**

Member status: \_\_\_\_\_\_\_\_\_\_\_\_\_ MLA Membership ID: \_\_\_\_\_\_\_\_ Retirement

date (mm/dd/yy): \_\_\_\_\_\_\_\_

**ACADEMY STATUS**

Emeritus applicants must have been credentialed/certified by MLA for at least ten consecutive years at the time of retirement.

First MLA certification/Academy expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Current Academy level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_

Name on new certificate should read: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TERMS AND CONDITIONS**

By submitting this application and filling in my name below, I hereby agree that, to the best of my knowledge, all information in this application is correct, and I agree with the two statements below (items 9 and 10 on the Code for the Credentialing of Health Information Professionals, effective January 1, 1978, revised September 1981, April 1989, and May 1993, authorized by the Bylaws of the Medical Library Association, Article X, as applicable to credentialing).

* I understand that credentials granted by the Association shall not confer or purport to confer upon any person any degree, legal qualification, privilege, or license, nor purport to be issued by or in pursuance of or by virtue of any statutory or governmental sanction or authority. Recipients of credentialing shall not by virtue thereof become members of MLA nor shall they be entitled by virtue thereof to vote on any matters whatsoever.
* Further, I absolve the Association and its members, examiners, officers, agents from any damage or claim to damage or complaint by reason of any action they or any of them may take in connection with this application or the failure of said association to issue a certificate of credentialing.

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_