

Academy of International Mobile Healthcare Integration

MEMBERSHIP APPLICATION

Complete applicable sections. Eligibility and approval are governed by Article III of the AIMHI bylaws. This form does not confer membership upon submission.

1 Membership category requested

- ☐ Active Member (voting): High-Performance EMS (HPEMS) agency and/or EMS-based MIH program
- ☐ Affiliate Member (non-voting): Supplier or supporter of HPEMS/MIH agencies
- ☐ Honorary Member (non-voting): Distinguished service; Board election required

2 Applicant information

Legal organization / applicant name [Click or tap here to enter text.](#)

Primary business address (street, city, state, ZIP, country) [Click or tap here to enter text.](#)

Website [Click or tap here to enter text.](#)

Primary contact name and title [Click or tap here to enter text.](#)

Email address [Click or tap here to enter text.](#)

Telephone [Click or tap here to enter text.](#)

Organization type / description of services [Click or tap here to enter text.](#)

- ☐ Our organization/person owns, manages, or controls multiple licensed HPEMS or MIH agencies.

If yes, list affiliated agencies or describe organizational structure [Click or tap here to enter text.](#)

Organizations/persons controlling multiple licensed HPEMS or MIH agencies apply under one membership using the primary business location and are limited to one Active Member class membership (3.1.3).

3 Active Member Eligibility (complete if applying for Active Membership)

- ☐ Qualifying pathway A: High-Performance EMS (HPEMS)

External performance measures reported (identify measures and audiences) [Click or tap here to enter text.](#)

Local government authorization (jurisdiction, type of authorization) [Click or tap here to enter text.](#)

Services billed (brief explanation) [Click or tap here to enter text.](#)

- ☐ Tiered BLS/ALS deployment
- ☐ Flexible production strategy
- ☐ Evidence-based clinical sophistication
- ☐ Alignment with AIMHI mission and vision

Explain relevant HPEMS system/agency attributes and examples [Click or tap here to enter text.](#)



☐ Qualifying pathway B: EMS-based Mobile Integrated Healthcare (MIH)

Specially trained personnel and training [Click or tap here to enter text.](#)

Organized delivery model and integration with local healthcare community [Click or tap here to enter text.](#)

Physician medical director and credentialing process [Click or tap here to enter text.](#)

Programs offered (patient navigation, high-risk patient management, or other) [Click or tap here to enter text.](#)

How program improves patient outcomes, patient experience, and/or healthcare expenditures [Click or tap here to enter text.](#)

4 Active Member Voting Representatives

Designated voting representative — name, title, email [Click or tap here to enter text.](#)

Pre-designated alternate — name, title, email [Click or tap here to enter text.](#)

One vote per Active Member, cast by the designated representative or pre-designated alternate. Proxy voting is prohibited (3.2.1).

5 Affiliate / Honorary Information (if applicable)

Affiliate: products, goods, or services manufactured, sold, rented, or supported for HPEMS/MIH agencies [Click or tap here to enter text.](#)

Honorary: distinguished service to HPEMS, MIH, or related medical fields (include supporting information) [Click or tap here to enter text.](#)

6 Applicant Acknowledgement and Consent

☐ I/we expressly consent to applying for AIMHI membership and agree to abide by applicable AIMHI membership standards and bylaws.

☐ I/we certify that the information provided is accurate to the best of my/our knowledge.

Authorized applicant name and title [Click or tap here to enter text.](#)

Signature (electronic signature acceptable) [Click or tap here to enter text.](#)

Date [Click or tap here to enter text.](#)

Dues for Active Member applicants are established by the Board of Directors; amount and payment instructions will be communicated separately. Membership Committee review and Board ratification apply. Honorary election requires a two-thirds affirmative Board vote.

7 AIMHI internal review — for administrative use

Date application received [Click or tap here to enter text.](#)

Membership Committee review / recommendation [Click or tap here to enter text.](#)

Board meeting date [Click or tap here to enter text.](#)

Board decision / vote [Click or tap here to enter text.](#)

Dues amount and payment status (if applicable) [Click or tap here to enter text.](#)

Effective date / administrative notes [Click or tap here to enter text.](#)

