2019 Student Membership
Programs & Services

Student Membership is open to full-time students of an Ohio higher education institution. Membership in the Ohio Council for Home Care & Hospice (OCHCH) provides you with the means to support the home care, hospice, and palliative care industry in Ohio.

Resources Available to OCHCH Members
OCHCH membership provides you and your students with the tools to keep track of the latest industry trends and important networking opportunities. You will also benefit from:

- Participation in the LISTSERV®, where members network to solve and share issues impacting business
- Legislative news and updates for home care, hospice, and palliative care
- Access to the OCHCH career website that links qualified students to career opportunities
- Answers to complex compliance, reimbursement, and regulatory issues
- Information on legislative matters that need your immediate action
- Discounts on our education opportunities programs

Discounts on Education Programs
Students receive discounts on OCHCH webinars, workshops, and conferences. Our education programs focus on the pressing issues facing the health care at home industry.

Volunteer Opportunities
Throughout the year, we need input, insight, and time from our members on a variety of projects, programs, and activities. Students can volunteer by getting involved with one of our committees, participating at an advocacy event, or assisting at our programs or events.

Support OCHCH & the Industry
OCHCH actively advocates on behalf of our members and informs them when to take action. We provide representation at meetings with stakeholders and legislative committees. Joining OCHCH supports our efforts and provides opportunities to participate in our efforts.

Additional Benefits
- Participation on an OCHCH committee
- Access to the Member Portal
- Networking opportunities

(614) 885-0434 | ochch@ochch.org | www.ochch.org
Student Membership Application

Student Membership is open to individual students currently enrolled full-time at an Ohio institution of higher education (schools of nursing, community colleges, and universities). The Student Membership is for students who have an interest in the health care at home industry. Qualifying areas of study include health care and political science.

Step 1: Complete Your Information

Student Name: ____________________________
Major: ____________________________
Email: ____________________________
Address: ____________________________
City: ____________________________
State: ____________________________
ZIP: ____________________________

Step 2: Review Important Information

Eligible students must be full-time and in-good standing at the education institution. Students enrolled in the following areas of undergraduate, graduate, and doctorate studies qualify for the complimentary membership:

- Nursing
- Social Work
- Therapy (Physical, Occupational, and Speech)
- Counseling
- Theology Studies, Chaplains
- Political Science
- Masters of Healthcare Administration

Any individual who otherwise qualifies under any other membership category (Provider or Affiliate) must join through the appropriate qualifying member category. The Education Membership is not applicable to an individual who is in a paid position within the health care at home industry.

Step 3: Terms of Membership

(Please Read and Sign Below.)

- Student Membership is available to currently enrolled full-time students of an Ohio higher education institution.
- Membership benefits begin with approval of application by OCHCH.
- Membership is non-transferable.
- Institution agrees to submit a list of registered students each semester so that OCHCH can verify student eligibility.
- An email address is required to join.
- I consent to receive communications via mail, email, telephone, and/or fax.

As the institution representative, my signature verifies the above information is accurate.

Print Name: ____________________________
Title: ____________________________
Signature: ____________________________
Date: ____________________________

Submit the Application

Please return the completed application and return it to the Ohio Council for Home Care & Hospice.

Total Dues: □ $0

Submit by Mail:
Ohio Council for Home Care & Hospice
1105 Schrock Road, Suite 120, Columbus, OH 43229

Submit by Fax: (614) 899-0192

Questions? Contact OCHCH at (614) 885-0434 or visit www.ochch.org

Payments for education programs or other contributions to OCHCH are not tax deductible as charitable contributions for income tax purposes. They may be tax deductible as ordinary and necessary business expenses to the extent not allocated to lobbying expenditures. OCHCH estimates the non-tax deductible portion of your dues is 13%. OCHCH’s Federal Tax ID is 23-7299675.