

~NEW YORK STATE ASSOCIATION for MEDICAL STAFF SERVICES~

APPLICATION FOR MEMBERSHIP

MEMBERSHIP YEAR: January 1, 20____ through December 31, 20____

MEMBERSHIP CATEGORY: Please select the appropriate membership category:

____ **ACTIVE:** Active members shall be those medical staff services professionals involved with the administrative functions of a medical staff. Active members shall pay dues and shall be eligible to vote and hold office.

____ **AFFILIATE:** Affiliate members shall be any business, organization or association not directly involved with credentialing or medical staff functions in a healthcare setting whose mission and/or goals may impact MSSP's. Affiliate members shall pay dues but not be eligible to vote or hold office.

ORGANIZATION AND POSITION INFORMATION

NAME: _____ PHONE: (____) _____

POSITION TITLE: _____ FAX: (____) _____

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____

WORK EMAIL: _____ YEARS IN PRESENT POSITION: _____

FACILITY TYPE: ___ Hospital/Health System ___ Managed Care ___ Other (Specify): _____

PRIMARY CERTIFYING BODY: TJC ___ DNV ___ CMS ___ NCQA ___ Other: _____

HOME ADDRESS: _____

HOME PHONE: (____) _____ HOME EMAIL: _____

PREFERRED MAILING ADDRESS: Work ___ Home ___ PREFERRED E-MAIL ADDRESS: Work ___ Home ___

Are you a **Certified Medical Staff Coordinator** (CPMSM)? _____ Year Certified _____

Are you a **Certified Provider Credentialing Specialist** (CPCS)? _____ Year Certified _____

ANNUAL DUES: \$50.00 (One Year) or \$80.00 (Two Years)

Payment Method:

____ Check (Payable to: NYSAMSS)
____ Credit Card: ___ MasterCard ___ Visa ___ Discover ___ American Express
Credit Card # _____
Expiration Date _____
Card Holder Name _____
Address _____
Authorized Signature _____

Send To:

Teresa Goss, CPMSM, CPCS
NYSAMSS Treasurer
300 Liberty Commons
789 Pre-Emption Road
Geneva, NY 14456
P: 315-787-4170
F: 315-787-4169
NYSAMSS Tax ID: 16-1198551

Signed: _____ Date: _____

NAMSS ORGANIZATIONAL AFFILIATION

Are you a member of the National Association Medical Staff Services? _____ Year joined _____