

**Kansas Association Medical
Staff Services 2023-2024
Membership Application**



Membership Information

*Full Name: _____ Title: _____
Last First M.I.

*Degree/Certifications: BA/BS MBA CPCS CPMSM Other: (please list) _____

*Work Address: _____
Street Address City State Zip

*Phone: _____ *Email: _____

Direct Report: _____ Title: _____

Address: _____
Street Address City State Zip

Phone: _____ Email: _____

Other Information

EXPERIENCE: How many years have you been working in medical staff services or related activities?

0-4 years 5-14 years 15-25 years More than 26 years

***ENTITY TYPE (employed in):**

Acute Med/Surg Hospital Teaching Hospital Ambulatory Surgery Center Skilled Nursing Facility
 Managed Care / Health Plan PPO MSO Psychiatric Facility
 Armed Forces (Branch) _____ Credent. Verification Org. Insurance Company
 Medical Group Other _____

ACCREDITING AGENCY:

DNV Joint Commission CMS/State HFAP URAC NCQA Other/none _____

***OTHER MEMBERSHIPS:**

Are you currently a member of NAMSS (National Association Medical Staff Services)? Yes _____ No _____,

If No, and you are interested in joining NAMSS, please go to www.namss.org for information.

***CERTIFICATION:**

Are you a Certified Medical Staff Coordinator (CPMSM)? Yes / No If yes, year certified _____.

Are you a Certified Provider Credentialing Specialist (CPCS)? Yes / No If yes, year certified _____.

If not certified, do you plan to take a certification exam within the next year? Yes / No If yes, when and which certification? _____

Would you be interested in joining a study group if one is formed? Yes / No would you be interested in chairing a study group? Yes / No

Would you be interested in assisting a study group with one topic? Yes / No

EDUCATION:

Please list 2 of your highest educational needs that you would like to have addressed in an educational conference:

1. _____
2. _____

Dues and Signature

Annual Dues: \$60.00, Make Payable to KAMSS,
Return application and check to the KAMSS Treasurer:
Mitchell County Hospital Health Systems, Attn: Leanne Eilert
400 West 8th Street, PO Box 399
Beloit, KS 67420

Signature: _____ Date: _____

Any questions? Please contact Leanne at: (785) 738-9501 or via email: leilert@mchks.com