Kansas Association Medical Staff Services 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:_____

***ACREDITING 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

Membership payments will be for current membership year. Payments received mid-year will only be applied to the current membership year. Membership payments will not be prorated.

Signature: _____ Date:_____

Please submit a recent photo of yourself (shoulders up) which will be linked in the KAMSS Directory.
Any questions? Please contact Leanne at: (785) 738-9501 or via email: leilert@mchks.com

Your information will be listed in the KAMSS Membership Directory unless you opt out by checking here: ☐
*Data shared in the KAMSS Membership Directory