



Wisconsin Association – Medical Staff Services

WAMSS MEMBERSHIP APPLICATION

NOTE: Membership Year: January 1 – December 31.

APPLICATION INFORMATION

(Membership is not transferable.)

NAME: _____ CERTIFICATIONS: _____

JOB TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

MEMBERSHIP CATEGORY: ___ ACTIVE ___ ASSOCIATE ___ HONORARY

Active Membership: *Those individuals who are currently engaged in medical staff activities, or non-hospital-based credentialing services, or individuals who have achieved and maintain current CPMSM and/or CPCS certification if not currently engaged in medical staff service activities. Required to pay dues, eligible to vote and eligible to hold office.*

Associate Membership: *Those individuals who are interested in the overall aims and objectives of this organization, but not engaged in medical staff service activities as outlined in the Active category. Required to pay dues, eligible to vote and eligible to hold office.*

Are you new to the medical staff/credentialing field? ___Y ___N

How did you learn about WAMSS? (If referred by a current WAMSS Member, please indicate his/her name)

What are your primary work responsibilities (i.e., credentialing verification, CME, etc.):

If you are not currently CPMSM or CPCS certified, are you interested in becoming certified? ___Y ___N

Does your current position require you to be knowledgeable in the following standards?

___ JCAHO ___ NCQA ___ URAC ___ CMS Other: _____

Do you use a website to verify practitioner affiliations with your facility? ___Y ___N

If yes, what is the web address: _____

Annual Dues are \$65.00. Payment options are:

Credit Card - Please pay through our website (www.wi.wamss.org) by clicking the "Buy Now" button (please note that there is an additional \$3.00 charge to cover the cost for using PayPal) – **ALSO**, Complete this Membership Application, and email it to Sara Reed, Membership Chair at: sreed@logisticshealth.com

Check payable to WAMSS – Please complete this application, and mail with \$65.00 payment to:

Sara Reed, CPCS
WAMSS Membership Chair
Logistics Health Incorporated
328 Front Street South
La Crosse, Wisconsin 54601

Check out our website at WWW.WI-WAMSS.ORG