

NorthWest Staff Physician Recruiters (NWSPR)

Of Idaho, Montana, Oregon, Washington and Wyoming

DATE: _____

MEMBERSHIP APPLICATION

Enclosed is a NWSPR membership application form for you to complete if you wish to become a permanent member of this new organization. Please return this application with the Committee Interest Form. After this information is established, the Steering Committee will inform you of all progress. Dues are charged to cover operating expenses as determined by our By-laws. Your home phone is being requested for office use only, in case you have a change of employment. This information *will not be published*.

DATABASE INFORMATION

Name _____
Title _____
Organization _____
Work Address _____

City/State/Zip _____
Work 1-800 _____
Work Phone _____
Work Fax _____
E-mail _____
Web Site _____

DATA UPDATES AND/OR CORRECTIONS

Name _____
Title _____
Organization _____
Work Address _____

City/State/Zip _____
Work 1-800 _____
Work Phone _____
Work Fax _____
E-mail _____
Web Site _____

NON-PUBLISHED HOME INFORMATION

Phone _____
E-mail _____

Address _____
City/State/Zip _____
Phone _____
E-mail _____

TYPE OF ORGANIZATION

NON-PROFIT

Hospital _____
Hospital System _____
System Name _____
Total Number of Hospitals _____

FOR PROFIT

Hospital _____
Hospital System _____
System Name _____
Total Number of Hospitals _____
State/Federal Hospital _____
Other (Specify) _____

GROUP/CLINIC

SSG _____ Primary/ER Clinic(s)
MSG _____ Specialty Clinic(s)

MANAGED CARE

PPO _____ Contract Management Group
HMO Nat'l _____ Integrated Delivery System
HMO Reg'l _____
HMO Local _____

Who employs the physicians you recruit? Please explain:

Is a fee charged for recruited physicians? Explain structure:

J-1 VISA ACCEPTED? Yes No

RESIDENCY PROGRAMS IN YOUR ORGANIZATION?

SERVICE TERRITORY (Please specify states.)

1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ Nat'l. _____ Int'l. _____

ASPR Member? _____
What percentage of your time is devoted to recruiting? _____ %
How many years have you recruited physicians? _____ Yrs.
Highest Educational Degree held? _____

Check attached for annual membership dues - \$50 per ASPR member (or if there is a current ASPR member in your same physical address) \$100 per non-ASPR member

Committee Interest Form

We will need as many members as possible to volunteer for various committees, and so we ask that each of you let us know where your strengths lie and which committees could benefit from your expertise. Please indicate your preferences on the Committee Interest Form below and return the form to us as soon as possible.

Name	_____	Work Phone	_____
Company	_____	Toll free	_____
Address	_____	Fax Number	_____
City/State/Zip	_____	E-mail	_____

Please indicate the committee(s) on which you would be willing to serve.

- | | | |
|-------------------------------|---------------------------------|--------------------|
| Legislative | Membership | Strategic Planning |
| Education/Conference Planning | Marketing (Web Site/Newsletter) | |

Please make your check payable to: NWSPR
Mail this form and your check to: April Gothard, CGH Brookings Medical Center, PO Box 6819, Brookings, OR 97415 Phone 541-412-2026

Thank you for your interest in joining and participating in the Northwest Staff Physician Recruiters network.

Sincerely,

NWSPR Officers