



IDAHO ASSOCIATION of MEDICAL STAFF SERVICES (IAMSS)

MEMBERSHIP APPLICATION

☐ Application for initial membership

☐ Application for renewal of membership

ACTIVE MEMBERSHIP

Active members shall consist of individuals actively involved in credentialing, privileging, practitioner or provider organizations, and/or regulatory compliance in the healthcare industry. Active members shall pay dues and be eligible to vote and hold office in compliance with the Bylaws.

Name		Certification	
Employer		Title	
Mailing Address		City	State Zip
Phone #	Fax #	Email Address	
Are you interested in volunteering or serving on the IAMSS Board?			
Signature		Date	

Dues are \$75.00 – Please return the completed application and payment to:

Melanie Durfee, IAMSS Co-Treasurer
777 Hospital Way, Pocatello, Idaho 83201
(208) 239-1040 Office | (208) 239-3626 Fax
melanie.durfee@portmed.org

Checks must be payable to IAMSS or you may pay by credit card by completing the following information authorizing your credit card payment of \$75.00:

CC Number: _____ Exp Date: _____ CCV: _____ Billing Zip code: _____

How many years have you been working in the medical staff services/credentialing service or related activities?

- | | |
|---|---|
| ☐ Less than one year | ☐ 6 – 10 years |
| ☐ 1 – 2 years | ☐ More than 10 years |
| ☐ 3 – 5 years | |

Type of health care entity employed in:

- | | |
|--|--|
| ☐ Acute hospital | ☐ Psychiatric facility |
| ☐ Ambulatory surgery center | ☐ Armed Forces (branch _____) |
| ☐ Skilled nursing facility | ☐ Credentialing verification organization |
| ☐ Managed Care/Health Plan | ☐ Insurance company |
| ☐ PPO | ☐ Medical group |
| ☐ MSO | ☐ Other _____ |

The Idaho Association of Medical Staff Services (IAMSS) recruits and processes its own membership and dues independently from the National Association of Medical Staff Services (NAMSS). While NAMSS membership is NOT a condition of IAMSS membership, it has its own benefits. If you are interested in joining, please visit the NAMSS website at www.namss.org

Are you a current member of NAMSS? ☐ Yes ☐ No

Do you know someone in a health-related field who performs activities as outlined in the Active membership category that might benefit from IAMSS membership? If so, please share their name(s) and we will send them an application for membership.

Name	Title
Employer	
Mailing Address	Email Address