

Active Membership Application

Applicant Organization Name: _____

CRITERIA FOR MEMBERSHIP - PLEASE INITIAL ALL SPACES THAT APPLY TO YOUR BUSINESS

I. Locum Tenens Companies who customarily:

- A. Are the direct liaison between the Physician Candidate and Client Practice
1. Scheduling
 2. Physician Candidate Credentialing performed by firm which reflects NALTO Credentialing Standards
- B. Pay their Physician Candidate directly
- C. Provide Malpractice Insurance for Physician Candidate
- D. Have a contract agreement directly with Physician Candidate for performance standards
- E. Have a contract agreement directly with Client Practice for performance standards
- F. Contract with Physician Candidate on an Independent Contractor Status Basis only

PLEASE INITIAL ALL SPACES THAT FOLLOW BELOW

II. NALTO Member agrees to:

- A. NALTO Code of Ethics
- B. NALTO Standards of Practice
- C. NALTO Bylaws
- D. NALTO Arbitration Procedures
- E. NALTO Minimum Standards For Credentials Verification

Dues Schedule

(Dues Amount Change Effective January 1, 2008)

Dues are broken into two sections: Membership Dues and Marketing Dues.

All firms are responsible for both dues payments.

Annual Membership Dues: \$575.00

Annual Marketing Dues are assessed by the number of Locum Tenens Recruiters in the firm:

Number of Recruiters*	1-3 Recruiters	4-10 Recruiters	11-20 Recruiters	21 or more Recruiters
Annual Marketing Dues:	\$300.00	\$650.00	\$1,000.00	\$1,500.00

*Recruiters are those individuals within an organization who are primarily devoted to the recruiting function.

PAYMENT TO INCLUDE: ONE-TIME, NON-REFUNDABLE, NON-CREDITABLE PROCESSING FEE: \$ 25.00

Membership Dues (1/1 – 12/31)	\$ 575.00
Marketing Dues (1/1 – 12/31) (This amount is based on the number of recruiters – see above)	\$ _____
Total Includes Annual Membership Dues, Annual Marketing Dues and \$25 Processing Fee:	\$+ 25.00
	\$ _____

~ NALTO Active Membership Application ~

I hereby make application for Membership in the National Association of Locum Tenens Organizations and agree to be governed by its Bylaws and Standards of Ethical Practices and to promote the objectives of the Association, as long as I am a member.

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

E-mail: _____ Website/URL: _____

Name of Principle/President: _____

Authorized Voting Member: _____

HISTORY (All questions must be completed.)

Total number of years your organization has been in business? (Please also list month/year)..... _____

Total number of years your organization has been operating as a Locum Tenens Firm?
(Please also list month/year) _____

What is the name of the malpractice insurance carrier* that covers your organization? _____

***Please attach a copy of the Certificate of Insurance with this application.**

Does your company do other things besides Locum Tenens? ... _____

What percentage of your company's gross income is from locum tenens? _____

Are you currently an NAPR member? _____

APPLICATION PROCESSING FEE & DUES

Membership in NALTO is for Locum Tenens organizations. A **ONE-TIME, NON-REFUNDABLE, NON-CREDITABLE** processing fee of **\$25.00** payable in U.S. dollars **must** accompany your completed membership application.

In addition, members will be expected to pay annual membership and marketing dues payable in U.S. dollars in accordance with the current dues schedule at the time of the application (see reverse for amounts). The amount of dues is subject to change by the NALTO Board of Directors.

Please enclose a sample of your organization's public relations materials or brochure(s).

STATEMENT OF UNDERSTANDING/AGREEMENT TO COMPLY WITH NALTO CODE OF ETHICS

I have read and hereby subscribe to the Code of Ethics, Standards of Practice, Arbitration Procedures and Credentialing Standards of the National Association of Locum Tenens Organizations (NALTO). I accept compliance with the Code of Standards as a requirement for holding membership in NALTO and acknowledge by my signature that the violation of any sections thereof subjects my organization to disciplinary actions as outlined in the above.

I understand that the name of our organization will be circulated to the current NALTO members for comment. I authorize the NALTO Board of Directors to contact any sources of information pertaining to the membership eligibility of my organization.

I understand that my signature below signifies that I am authorized to apply for NALTO membership on behalf of my organization and the information contained in this application is true and accurate.

My signature below also constitutes my consent to receive faxes, email and other communications from NALTO or on behalf of NALTO.

Signed: _____ Date: _____

Print or Type Full Name: _____

Title: _____

Sponsoring Member (if applicable): _____

PAYMENT METHOD: Check # _____ MasterCard Visa American Express

Total amount paid \$ _____ includes \$25 Application Fee \$575 Annual Dues \$ _____ Annual Marketing Dues (see first page)

Account #: _____ Exp. Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Mail or fax (credit card payments only) with payment to: NALTO Headquarters, 222 S. Westmonte Dr., Suite #101, Altamonte Springs, FL 32714; fax: 407-774-6440

FOR OFFICE USE ONLY: Check or Reference# _____ Amount: \$ _____ Process Date: _____