



The National Association of
Locum Tenens Organizations

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Altamonte Springs, FL 32714
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~ NALTO® Affiliate 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. To qualify for Affiliate Membership, an organization must have a portion of its business in the locum tenens industry that may be less than 50%, and/or may service primarily a parent corporation or affiliate entity, and/or may be owned by a business that may not focus on locum tenens and may not be directly responsible for the recruitment and placement of providers.

- 1. Name of Organization: _____
- 2. Legal Entity Name (if different from above) _____
- 3. Address: _____
- 4. City: _____ 5. State: _____ 6. Zip: _____ 7. Website/URL: _____
- 8. Telephone #: (____) _____ 9. Fax: (____) _____ 10. Toll-Free# (____) _____
- 11. Primary Email: _____ 12. Secondary E-mail: _____
- 13. Name of Principle/President: _____ Title: _____
- 14. Authorized Voting Member Contact: _____ Title: _____
- 15. State of Incorporation: _____ Tax ID# _____ Public or Private: _____
- 16. Ownership Type (ex – LLC, Partnership, etc.): _____
- 17. Ownership Name*(individual(s) or corporation): _____

*PLEASE NOTE: The ownership is either the name of an individual person, the names of multiple individuals, the name of another company such as XYZ Staffing Inc, or Best Funds Private Equity Group etc. If an LLC entity, it is likely the owner will be an individual or individuals.

- 18. Ownership Address: _____ City, St, Zip _____
- 19. Total number of years your organization has been in business? _____ (List month/year) ____/_____
- 20. Total number of years your organization has been operating as a Locum Tenens Firm? _____ (List month/year) ____/_____
- 21. 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.**
- 22. Does your company do other things besides Locum Tenens? _____
- 23. What percentage of your company's gross income is from locum tenens? _____
- 24. Are you currently a member of NAPR? _____
- 25. Do you obtain Workers Compensation Insurance for your independent contractors? ___Yes ___No

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

I. Locum Tenens Companies:

- ___ A Are the direct liaison between the Physician Candidate and Client Practice
 - 1. For Scheduling of Assignments
 - 2. Verify Physician Candidate Credentials reflecting NALTO® Credentialing Standards
- ___ B Pay the Independent Contractor Physician directly
- ___ C Procure Malpractice Insurance on behalf of the Physician and Locum Tenens Company
- ___ D Have an Independent Contractor Agreement directly with Physician
- ___ E Have a Locum Tenens Staffing Agreement directly with Client Practice
- ___ F Contract with Physician Candidate on an Independent Contractor Status Basis only and report payments to Physician on IRS Form 1099

PLEASE INITIAL ALL SPACES THAT FOLLOW BELOW

II. NALTO® Applicant has read, understands, and 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

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, emails and other communications from NALTO® or on behalf of NALTO®.

Signed: _____ Date: _____
 Print or Type Full Name: _____ Title: _____
 Referring NALTO® Member - Representative (if applicable): _____

III. NALTO® Membership Dues Schedule: (Dues Amount Effective May 18, 2018)
Annual Membership dues will be prorated for the first year of membership by half if joining after July 1 of the current year as follows:

1. Annual Membership Dues are assessed by the gross annual revenue of the firm – **Check (✓) appropriate membership dues based on total gross annual revenue as listed below:**

| Total Gross Annual Revenue: | Less Than \$10 Million | Between \$10 and \$50 Million | Greater Than \$50 Million |
|---|------------------------|-------------------------------|---------------------------|
| Annual Membership Dues: | ___ \$1000.00 | ___ \$2000.00 | ___ \$3000.00 |
| Dues prorated by half if joining after July 1 of the year | ___ \$500.00 | ___ \$1000.00 | ___ \$1500.00 |

ALL APPLICATIONS MUST BE SUBMITTED WITH THE \$25.00 ONE-TIME, NON-REFUNDABLE, NON-CREDITABLE APPLICATION PROCESSING FEE PAYABLE TO NALTO®. PLEASE DO NOT SEND MEMBERSHIP DUES WITH APPLICATION.

APPLICATION FEE INFORMATION:

PAYMENT METHOD: Check # _____ enclosed; Check Amount \$ _____ payable to NALTO® for \$25.00 Application Processing Fee

\$25 Application Fee to charge to --- Select credit card type: MasterCard Visa American Express

Account #: _____ CVV Code: _____ Exp. Date: ____/____/____

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

FOR OFFICE USE ONLY: DATE _____ CHECK/REF # _____ Amount Paid for Application Fee: \$ _____

MEMBERSHIP DUES INFORMATION:

After membership application is approved, please select the appropriate membership dues for your organization from the following: (Please note that membership dues amounts will be pro-rated by half after July 1 of the year based on application date)

- Total Gross Annual Revenue is "Less than \$10 Million" - Please pay \$1000.00
- Total Gross Annual Revenue is "Between \$10 Million and \$50 Million" - Please pay \$2000.00
- Total Gross Annual Revenue is "Greater than \$50 Million" - Please pay \$3000.00

Charge my credit card with appropriate membership dues information as indicated in the above chart:

Select credit card type: MasterCard Visa American Express

Account #: _____ CVV Code _____ Exp. Date: ____/____/____ Total Amount to Charge: \$ _____

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

Call Phone # _____ for different credit card information;

Check will be sent, call or email total amount due – Phone # _____ or Email Address _____

PAYMENT INFORMATION: Check # _____ received; Check Amount \$ _____ payable to NALTO®
Send payments to: NALTO® Headquarters, 222 S. Westmonte Dr, Ste 111, Altamonte Springs, FL 32714; Fax credit card payments only to 407-774-6440
FOR OFFICE USE ONLY: DATE _____ CHECK/REF # _____ Amount Paid for Member Dues \$ _____ **PG 2 05/2018**