

**~ NALTO<sup>®</sup> Active Membership Application ~**

I hereby make application for Membership in the National Association of Locum Tenens Organizations<sup>®</sup> 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: \_\_\_\_\_

Legal Entity Name (if different from above) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Website/URL: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Toll-Free# : (\_\_\_\_) \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

Name of Principle/President: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Voting Member: \_\_\_\_\_ Title: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Tax ID# \_\_\_\_\_ Public or Private: \_\_\_\_\_

Ownership Type (ex – LLC, Partnership, etc): \_\_\_\_\_

Ownership Name (individual(s) or corporation): \_\_\_\_\_

Ownership Address: \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Total number of years your organization has been in business? \_\_\_\_ (List month/year)..... \_\_\_\_/\_\_\_\_

Total number of years your organization has been operating as a Locum Tenens Firm? \_\_\_\_ (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 a member of NAPR? ..... \_\_\_\_\_

**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<sup>®</sup> 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<sup>®</sup> Applicant has read, understands, and agrees to:**

- \_\_\_ A Have a Company Representative attend a NALTO<sup>®</sup> Annual Convention or Fall Fly-In Meeting once every two years. NALTO<sup>®</sup> Active Memberships for newly approved members will **not** begin until the first day of meeting session attendance by any company representative. Annual Membership dues will be pro-rated by 25% or 75% depending on which meeting is attended.
- \_\_\_ B NALTO<sup>®</sup> Code of Ethics
- \_\_\_ C NALTO<sup>®</sup> Standards of Practice
- \_\_\_ D NALTO<sup>®</sup> Bylaws
- \_\_\_ E NALTO<sup>®</sup> Arbitration Procedures
- \_\_\_ F NALTO<sup>®</sup> 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 agree that a Company Representative will attend either the NALTO® Annual Convention (held in the spring each year) or the NALTO® Fall Fly-In at which time our Company membership if approved will begin on the first day of attendance of NALTO® sessions. 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 Change Effective January 1, 2015)**  
***Annual Membership dues will be prorated for the first year of membership depending on the meeting attended as follows:***

1. Annual Membership Dues are assessed by the gross annual revenue of the firm – **Check (✓) appropriate prorated membership dues based on total gross annual revenue AND meeting to be attended below:**

Total Gross Annual Revenue:	Less Than \$10 Million	Between \$10 and \$50 Million	Greater Than \$50 Million
<b>Annual Membership Dues:</b>	\$1100.00	\$1650.00	\$2200.00
25 % <b>Prorated</b> Annual Convention Attendance Dues	\$825.00	\$1237.50	\$1650.00
75 % <b>Prorated</b> Fall Fly-In Meeting Attendance Dues	\$275.00	\$412.50	\$550.00

**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 #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Print Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Send payments to: NALTO® Headquarters, 222 S. Westmonte Dr, Ste 101, Altamonte Springs, FL 32714; Fax credit card payments only to 407-774-6440**

**PRO-RATED MEMBERSHIP DUES INFORMATION:**

**After membership application is approved AND meeting attendance requirement is fulfilled - please select from the following:**

Member/Rep to attend  **NAPR/NALTO® Annual Meeting** – or -  **NALTO® Fall Fly-In** - \$ \_\_\_\_\_ Pro-rated Membership Dues

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

Select credit card type:  MasterCard  Visa  American Express

Account #: \_\_\_\_\_ 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®

**FOR OFFICE USE ONLY:** DATE \_\_\_\_\_ CHECK/REF # \_\_\_\_\_ Amount: Paid \$ \_\_\_\_\_