



National Association of Physician Recruiters Active Membership Application

Active membership in the National Association of Physician Recruiters is open to those organizations that are in the healthcare recruitment industry. This includes physician recruiting firms, group practices, hospitals, and managed care facilities. NAPR Membership is a Company Membership.

APPLICANT ORGANIZATION NAME: _____

CRITERIA FOR MEMBERSHIP

To qualify for ACTIVE membership, organization must recruit physicians either for profit or for their facility.

- Forprofit Search Firms must recruit physicians and advanced practice clinicians for the healthcare industry and collect no placement fee from physician and/or advanced practice clinician candidates.
- Hospitals, Groups, and Managed Care Recruiters have primary responsibilities of the department or individual to be in healthcare recruitment activities.

Criteria for ACTIVE membership require that members of this association shall be those organizations which are:

- Determined and elected by the NAPR Board of Directors, in its sole discretion, to have met the requirements for Membership in the association, and
- In conformance with the standards of ethical professional practice as established or adopted by the NAPR Board of Directors.

NAPR MISSION STATEMENT

It is the purpose of the National Association of Physician Recruiters (NAPR) to maintain industry leadership by promoting excellence, ethical standards, innovation, and a spirit of cooperation in the delivery of services to the healthcare industry.

NAPR VISION STATEMENT

The National Association of Physician Recruiters (NAPR) is committed to providing continuous and dynamic educational forums to insure the ability of our membership to respond to the changes in the healthcare industry.

We are dedicated to promoting a positive industry image through a practical, but strict, Code of Ethics based upon excellence, honesty, fairness, peer review, and reasonable industry standards.

We are dedicated to the enhancement of all healthcare recruiting activities through a spirit of openness and cooperation in the exchange of ideas and the pooling of resources, as we maintain our position as leaders in our industry.

ACTIVE MEMBERS

**The Active Membership Fee is
\$600 per year.**

Dues payments are deductible by members as an ordinary and necessary business expense; however, contributions or gifts to NAPR are not deductible as charitable contributions for federal income tax purposes.

APPLICATION PROCESSING FEE & DUES

A ONE-TIME, NON-REFUNDABLE, NON-CREDITABLE processing fee of \$50.00 must accompany your completed membership application. All fees and dues are payable in U.S. dollars. The amount of dues is subject to change by the NAPR Board of Directors. Dues are paid on a rolling membership basis with renewal 12 months from enrollment date, and are non-refundable.

DEFINITIONS

What is a recruiter? A recruiter is a member of any organization whose job it is to actively seek to secure the services of or hire an individual qualified for the position that is to be filled either within that organization or for another organization from which a recruiting contract has been received.

What constitutes Active Membership? Active Membership within NAPR is an organization approved by NAPR Board of Directors that recruits either physicians or advanced practice clinicians forprofit or for their facility for the healthcare industry such as Forprofit Firms; or Hospitals, Groups or Managed Care Recruiters of an organization that have the primary responsibilities of the department or an individual to be in healthcare recruitment activities.

Note:

It is understood that if a hospital or organization is owned by or is a part of a larger system that all recruiters within the whole system are to abide by the same standards of ethical professional practice as defined in the Code of Ethics of the National Association of Physician Recruiters (NAPR).

Active Membership Application

I hereby make application for ACTIVE membership in the National Association of Physician Recruiters 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.

(PLEASE PRINT ALL INFORMATION BELOW • IF FURTHER EXPLANATION IS NEEDED, ATTACH ADDITIONAL SHEET)

1. Name of Organization/Hospital/Group: _____
2. Address: _____
3. City/State/Zip Code: _____
4. Telephone: _____ Fax: _____ Toll-Free: _____
5. Email Address: _____ Website/URL: _____
6. Authorized Voting Member: _____ Title: _____
7. Member Representative to receive educational opportunities information:
Name: _____ Email: _____
8. Member Representative to receive NAPR Services, vendor discounts and candidate sourcing programs information:
Name: _____ Email: _____
9. Has this organization been a member of NAPR previously? YES NO; if YES, please provide organization name and years of previous membership: _____
10. Tell us about your organization:
 - Current number of physician recruiters/individuals doing recruiting? _____
 - Month/Year legally formed as a physician recruiting organization? _____
 - Number of physicians your organization placed/recruited last year? _____
 - Your organization recruits (check all that apply) Physicians PAs NPs/RNs CRNAs Other: _____
11. Tell us about the structure of your recruitment organization: (check one):
 - A) AGENCY/FIRM — If Agency/Firm, check all that apply: Contingency Retained Locum Tenens Other: _____
 - B) IN-HOUSE — If In-House, check all that apply: For-Profit Hospital Not-Forprofit Hospital Private Practice/Group FQHC/CHC OTHER: _____
 - C) CONTRACT MANAGEMENT – If Contract Management, please check how many contracts your company currently manages?:
 01-10 11-24 25+
12. To what other professional associations does your company belong? _____
13. Does your organization use independent consultant/contractors as recruiters? YES NO; if YES do they recruit for themselves, your company and/or other organizations? AND, if so, please explain and identify the contractors and your relationship: _____
14. Is your organization affiliated with, owned by, or does it own another entity which provides recruitment or non-recruitment services that it markets to physicians or physician recruiters? YES NO; if YES, please provide further information to include the entity's name(s), purpose, and contact information: _____
15. Tell us how you heard about NAPR? Colleagues Convention/Education Facebook Twitter Mailer Publication Website OTHER: _____
16. Why do you want to join NAPR? Education Ethics Networking Sourcing Services World Job Bank OTHER: _____

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

(NAPR CODE OF ETHICS CAN BE VIEWED ON THE NAPR WEBSITE BY GOING TO: <http://www.napr.org/codeofethics.asp>)

I have read and agree to abide by the Code of Ethics of the National Association of Physician Recruiters (NAPR) and acknowledge by my signature the violation of any section will subject my organization to appropriate sanctions as defined in the Code of Ethics up to and including expulsion by the NAPR Board of Directors as provided by the Bylaws.

I authorize NAPR 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 NAPR membership on behalf of my organization and the information in this application is true and accurate. I understand that this is an application for membership only and the NAPR Candidate Sourcing Programs require separate application and subscription costs after Active Membership approval. I consent to receive emails and other communications from NAPR sent electronically containing valuable membership information.

Signature: _____ Date: _____

Print or type full name here: _____ Title: _____

Name of Referring NAPR Member (IF APPLICABLE): _____

PAYMENT:

Total Amount Due: \$650 includes \$50 Application Fee and \$600 Annual dues (rolling membership-renewal 12 months from enrollment date)

PAYMENT METHOD: Check payable to NAPR enclosed for total of \$_____ Check # _____

American Express MasterCard Visa Please charge \$_____

Account # _____ 3/4 Digit CVV #: _____ Expiration Date: _____

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

Please mail with check payable to NAPR or fax (with credit card payment only) to:

NAPR Headquarters: 222 S. Westmonte Dr, Suite 101, Altamonte Springs, FL 32714 • 407-774-7880 • fax: 407-774-6440

FOR OFFICE USE ONLY: DATE: _____ CHECK/REF# _____ AMOUNT \$ _____