



**PLEASE TAKE A MINUTE TO COMPLETE THIS QUESTIONNAIRE AND RETURN IT WITH YOUR APPLICATION.**

**Certification:**

- Are you a Certified Medical Staff Coordinator (CPMSM)?  Yes  No If yes, year certified \_\_\_\_\_
- Are you a Certified Provider Credentialing Specialist (CPCS)?  Yes  No If yes, year certified \_\_\_\_\_
- If not certified, do you plan to take a certification exam within the next year?  Yes  No \_\_\_\_\_
- Would you be interested in joining a study group if one is formed?  Yes  No \_\_\_\_\_
- Would you be interested in chairing a study group?  Yes  No \_\_\_\_\_
- Would you be interested in assisting a study group with one topic?  Yes  No \_\_\_\_\_

**Experience:**

How many years have you been working in medical staff services or related activities?

- Less than one year
- 1-2 years
- 3-5 years
- 6-10 years
- 10-20 years
- more than 20 years

Type of health care entity employed in:

- Acute Med/Surg Hospital
- Teaching Hospital
- Ambulatory Surgery Center
- Skilled Nursing Facility
- Managed Care / Health Plan
- PPO
- MSO
- Psychiatric Facility
- Armed Forces (Branch \_\_\_\_\_)
- Credentialing Verification Organization
- Insurance Company
- Medical Group
- Other (Type \_\_\_\_\_)

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

Last Name	First Name	MI
Employer		Job Title
Mailing Address		
City	State	Zip
Email Address		