

Membership Application

NEPRA is a regional affiliate of ASPR. Membership is open to in-house physician recruiters of the northeast (PA, NJ, NY, CT, RI, MA, NH, VT, & ME) who are employed by hospitals, hospital corporations, clinics, managed care organizations, and government agencies to recruit and retain physicians for that entity.

Annual Dues: \$100—Active ASPR Member \$150—Non ASPR Member

Member Info:

Name: _____
 Organization: _____
 Job Title: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Email: _____ Website: _____

Type of Organization: (Select at least one, but check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Groups / Clinics |
| <input type="checkbox"/> For Profit | <input type="checkbox"/> Single Specialty Group |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Multi Specialty Group |
| <input type="checkbox"/> System Hospital | <input type="checkbox"/> Emergency Room Group |
| Total Hospitals: _____ | <input type="checkbox"/> Primary / ER Clinic(s) |
| System Name: _____ | <input type="checkbox"/> Specialty Clinic(s) |
| <input type="checkbox"/> State / Federal Hospital Group | Total Clinics: _____ |
| <input type="checkbox"/> Integrated Delivery System | |

Is your organization the employer of the physicians you recruit? Yes No

If no, please explain: _____

Is a fee charged for physicians recruited? Yes No

If yes, please explain: _____

Membership Survey:

Percent of Time spent on recruitment: _____%
 Other major responsibilities: _____

Length of time in physician recruitment: _____ Years
 Highest education degree you hold: _____

Certifications: _____

J-1 Visa:

Do you accept J-1 Visa? Yes No

Service Territory:

Please list states/provinces/countries you recruit for: _____

- Regional National International

Residency Programs:

Please list those offered through your organization:

How did you hear about NEPRA:

- Email Colleague
 Mailing ASPR / www.aspr.org
 NEPRA Member Name: _____
 NEPRA Sponsor Name: _____
 Other: _____

Please make check payable to:
 Northeast Physician Recruiter Association

Mail to: NEPRA, PO Box 186, Augusta, ME 04332
 Questions? Call Jane Ham at 800-546-4090

Thank you for joining NEPRA!

