

# OREGON MEDICAL GROUP MANAGEMENT ASSOCIATION

## Application for Membership

(Please fill out application completely).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Title: \_\_\_\_\_ Date Attained: \_\_\_\_\_

Phone #: \_\_\_\_\_ ext. \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Practice Legal Name: \_\_\_\_\_

Practice Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Group's Practice Style:      Primary Care      Sub Specialty      Multiple Specialties

List Specialties: \_\_\_\_\_

Number of Physicians: \_\_\_\_\_ Number of PAs, NPs & CNMWs: \_\_\_\_\_

Are you a member of: Medical Group Management Association    Yes    No   Year Joined \_\_\_\_\_

   Oregon Medical Group Management Association    Yes    No   Year Joined \_\_\_\_\_

   American College of Medical Practice Executives    Yes    No

Your Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Ownership of Practice:

Physician                       Hospital                       Insurance Company                       Public

Private                       IPA                       Other: \_\_\_\_\_

Do you serve in an active supervisory or management capacity in this practice?    Yes    No

Number of full time personnel you directly supervise: \_\_\_\_\_

Number of full time employees in total practice: \_\_\_\_\_ FT employees at your Location: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

(over)

Education & Certification: (Mark only if yes)

AA,  BS or  BA,  Masters of \_\_\_\_\_,  Ph.D.,  MD/DO,  CMA,

LPN,  RN,  ART,  FACMPE, Other: \_\_\_\_\_

Years in Healthcare: \_\_\_\_\_ Years in Healthcare Management: \_\_\_\_\_

Brief Job Description (or attach Job Description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership Status Desired:

**Active Member** - Active membership may be held by an individual from a medical group practice or ambulatory healthcare organization who is serving in an executive capacity. This individual shall participate in the day-to-day business affairs of one or more medical group practices or ambulatory healthcare organizations. Medical group practices are defined as, "a formally organized group of at least one licensed physician engaged in the practice of medicine as a legal, recognized entity, sharing business management facilities, records and personnel". Ambulatory healthcare organizations include medical group practice management firms, multi-unit healthcare systems, and hospital managed ambulatory care centers. In addition, the medical group practices and ambulatory healthcare organizations must be located within the boundaries of the State of Oregon.

**Affiliate Member** - Affiliate membership shall have the same eligibility requirement as Active membership, except that the employing clinic or clinics shall be located outside the State of Oregon. The Affiliate member will not have voting privileges or be able to hold elected office.

**Student Member** - A Student member is any person pursuing a University degree in the State of Oregon and is not eligible for any other membership category. A student member is entitled to Associate membership services as determined by the Executive Council, and will not have voting privileges or be able to hold elected office.

Please include with your application:

1. A copy of your practice letterhead with a list of individual doctors names.
2. A wallet-sized, 2½ x 3, Black & White photo of yourself (for pictorial directory).
3. A check for the application fee of \$85.00, payable to OMGMA.

**Return to:**

**OMGMA**  
**9144 SE 67th Avenue**  
**Portland, OR 97206**