



TESTING DATE: _____ _____ FOR OFFICE USE ONLY
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Faxed applications cannot be accepted.

Keep a copy for your records.

Application for Certified Medical Staff Recruitment Credentials, CMSR

We are pleased to provide you with the application for the Certification in Medical Staff Recruitment (CMSR) credential. The final step in the application process will be verification of your eligibility and to sit for the examination. Please read and complete the following information to continue the process of obtaining your status as a Certified Medical Staff Recruiter, or to receive your *Career Advancement Certificate*, if you pass the exam but are lacking another final requirement.

Who is eligible for Certification? CMSR CREDENTIALS

- Currently active in medical staff recruitment.
- Have successfully passed the CMSR certification exam.
- Have two or more years experience as a medical staff recruiter. However, you can take the CMSR Exam within six months of reaching this two year requirement.
- Over the past two years, have attained at least 14 units of Experience, Professional, Continuing Education Units, Awards, Professional contributions, and Association memberships (see below). *Attach all support documents as needed.*
- Current Membership in The American Academy of Medical Management

If after units are applied for experience and education and the applicant does not yet have 14 units, the following may also be applied:

- A. **Professional Contributions:** Earned in Physician Recruitment or other directly related areas, over the past three years, one unit for each hour taught or each page published (up to two total units). **YOU MUST PROVIDE DOCUMENTATION IN THE FORM OF A COPY OF THE ARTICLE AS WELL A COPY OF THE PERIODICAL'S COVER.**
- B. **Awards, Professional Designations, or related Credentials:** Earned in Physician Recruitment or other directly related areas of the business of Recruitment, over the past three years (up to two total units). **YOU MUST PROVIDE DOCUMENTATION IN THE FORM OF A CERTIFICATE OR LETTER FROM THE ORGANIZATION, WHICH GRANTED THE AWARD OR CREDENTIAL.**
- C. **Association Membership:** Over the past three years (one unit per full-year membership, up to two total units). **YOU MUST PROVIDE DOCUMENTATION IN THE FORM OF A COPY OF YOUR MEMBERSHIP CARD OR LETTER DENOTING YEAR(S) OF MEMBERSHIP.**

Units are measured as follows:

1. Medical Staff Recruitment Experience Units (over the past two years) **one unit for each quarter** year full-time equivalent (up to 8 total units).
2. Continuing Education Units (over the past two years) **one unit for each accepted six hours** of instruction (no limit on the number of units).

If the applicant does not have 14 total units, the following may also be applied.

3. Professional Contributions (over the past two years and up to 2 total units) one unit **for each hour taught or each page published.**
4. Awards and Professional Designations (over the past two years and up to 2 total units).
5. AAMM Association Membership (over the past two years and up to 2 total units).

FEES:

- **Application and Study Guide:** \$259 members
- **Optional Study Session:** No charge for this administration (we anticipate a charge in the future to fund faculty travel and handouts)

STUDY GUIDE: This guide will be made of select faculty handouts from The American Academy's educational programs. The guide is not meant to be comprehensive and does not necessarily ensure higher test scores.

2009 CAPP M EXAMINATION SESSIONS

Saturday, February 28, 2009 (Las Vegas Flamingo Hotel, Las Vegas, NV)
Saturday, April 25, 2009 (Holiday Inn Fisherman's Wharf Hotel, San Francisco, CA)
Saturday, June 27, 2009 (Embassy Suites Hotel, Philadelphia, PA)
Saturday, November 15, 2009 (University Center, Chicago, IL)
Saturday, November 14, 2009 (Las Vegas Flamingo Hotel, Las Vegas, NV)

Registration: 7:30 a.m. - Exam Forms Preparation: 8:00 a.m.
Administration of the CAPP M Examination: 8:00 a.m. – 12:00 p.m.
Preceding afternoon study session: Friday before testing – 1:00 p.m. – 4:00 p.m.
(Following the Physician Recruitment Intensive Training Course)

If you have tight travel plans, first call to verify exact times as schedule could slightly change.



THE NATIONAL INSTITUTE
OF PHYSICIAN RECRUITMENT & RETENTION

Keep a copy for your records.

CMSR APPLICATION FORM

Name: _____
(As you would like it to appear on your Certification certificate, should you meet application requirements.)

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Email Address: _____

Indicate your experience in physician recruitment at the projected date of the Certification Examination.

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> 0-11 months | <input type="checkbox"/> 12-23 months | <input type="checkbox"/> 24-35 months |
| <input type="checkbox"/> 36-47 months | <input type="checkbox"/> 48-60 months | <input type="checkbox"/> over 60 months |

Indicate the type of organization you work with:

- | | |
|--|--|
| <input type="checkbox"/> Managed Care Company | <input type="checkbox"/> Hospital or Hospital System |
| <input type="checkbox"/> Clinic/Physician Group Practice | <input type="checkbox"/> Military or Government |
| <input type="checkbox"/> Integrated Delivery System | <input type="checkbox"/> Search Firm or Consultant |

Experience in Medical Staff Recruitment

Unit credit: During the past two years, one unit for each quarter full-time equivalent, up to 8 total units.

This section seeks information about the number of years and percentage of time spent in medical staff recruitment over the past two years. This recognizes that a professional often has various recruitment responsibilities. Please provide appropriate employment data beginning with your current position, and describe your professional experiences. Attach a separate sheet if more space is needed. Please forward a letter from each employer to verify this information.

1. Current Title/Responsibility: _____

Description of responsibility: _____

_____ % of time spent in these medical staff recruitment area(s):

Organization: _____

Address: _____

Employment: From ____/____ to ____/____ Total Years: _____
Mo/Yr Mo/Yr

2. Title/Responsibility: _____

Description of responsibility: _____

% of time spent in these medical staff recruitment area(s):

Organization: _____

Address: _____

Employment: From ____/____ to ____/____ Total Years: _____
Mo/Yr Mo/Yr

3. Title/Responsibility: _____

Description of responsibility: _____

% of time spent in these medical staff recruitment area(s):

Organization: _____

Address: _____

Employment: From ____/____ to ____/____ Total Years: _____
Mo/Yr Mo/Yr

Continuing Education

Unit Credit: During the past two years, one unit for each six contact hours of approved instruction.
Contact hours are the actual number of hours spent in classroom educational activity, excluding
breaks. For each, please provide 1. verification of attendance, 2. course outline.

1. Name of Program: _____

Sponsor:

Date:

Location:

Contact Hours:

Type of Program:

2. Name of Program:

Sponsor:

Date:

Location:

Contact Hours:

Type of Program:

3. Name of Program:

Sponsor:

Date:

Location:

Contact Hours:

Type of Program:

4. Name of Program:

Sponsor:

Date:

Location:

Contact Hours:

Type of Program:

If the applicant does not have 14 units, the following may apply.

Professional Contributions in the Field of Medical Staff Development (Optional)

Up to 2 total units, one unit for each hour taught or each full page published **during the past two years**.

This can be accomplished through publishing articles, teaching at continuing education programs or universities or serving in leadership capacities in Medical Staff Recruitment related associations.

All of the contributions listed below should be substantially related to the profession of Medical Staff Recruitment in the past three years.

A. Authoring or Publishing an Article

In order to receive credit, attach a reprint of the article(s) in one or more Medical Staff Recruitment areas that you have authored and published in recognized national or regional publications. A quote attributed to you in an article does not apply.

B. Teaching and Speaking at Programs and Meetings

Please list teaching or speaking assignments at meeting and educational programs on Medical Staff Recruitment. Please attach verification of your speaking, with a copy of the promotional brochure and course outline. (Serving as a panelist will count as half credit.)

1. *Program or Publication:* _____

Title of Course or Publication: _____

Sponsoring Organization: _____

Meeting or Publishing Date: _____ Location of Meeting: _____

Your specific session length: _____ or article length: _____

Speaking assignment: Speaker _____ Panelist _____
(full credit) (half credit)

2. *Program or Publication:* _____

Title of Course or Publication: _____

Sponsoring Organization: _____

Meeting or Publishing Date: _____ Location of Meeting: _____

Your specific session length: _____ or article length: _____

Speaking assignment: Speaker _____ Panelist _____
(full credit) (half credit)

3. *Program or Publication:* _____

Title of Course or Publication: _____

Sponsoring Organization: _____

Meeting or Publishing Date: _____ Location of Meeting: _____

Your specific session length: _____ or article length: _____

Speaking assignment: Speaker _____ Panelist _____
(full credit) (half credit)

Awards and Professional Designations

Up to two total units, one for each qualifying award and professional designation. **During the past two years**, any individual awards recognizing your medical staff recruitment expertise or professional designations, such as related certification or fellowship credentials.

Please provide complete information on the name, purpose, sponsoring organization, date, qualifications and any other data relevant to the award/recognition that you have earned.

1. _____

DATE RECEIVED: _____

2. _____

DATE RECEIVED: _____

3. _____

DATE RECEIVED: _____

Association Memberships

Up to two total units, one unit for each full-year membership of a national association or one-half unit for a local or state association **during the past two years** which is directly within the realm of medical staff recruitment.

Membership in professional associations related to the field of recruitment is strongly encouraged. Such membership exposes the member to industry trends as well as opportunities for professional enhancement.

**The American Academy of
Medical Management**

Actual year(s) of membership: _____

Other recognized national, state or local association(s) to which you currently, or previously held, membership:

Name of Association: _____

Actual year(s) of membership: _____

Name of Association: _____

Actual year(s) of membership: _____

I certify that all information contained in this application is accurate. I understand that all of the information I have provided herein may be verified, and I authorize such verification. I also agree, if awarded Certification status or awarded a Certificate, to abide by the rules and regulations set forth by The American Academy of Medical Management.

Application must be dated and signed.

Print Name: _____

Signature: _____

Date: _____

Mail completed and signed application, with all supporting documentation and application fee to:

The American Academy of Medical Management

Credentialing Department

560 West Crossville Road, Suite 103

Roswell, GA (Atlanta) 30075

Phone: (770) 649-7150

Fax: (770) 649-7552

www.ePracticeManagement.org

PLEASE NOTE THAT FAXED APPLICATIONS CANNOT BE ACCEPTED.

PLEASE KEEP A COPY FOR YOUR RECORDS

CMSR Fee (fees are non-refundable): \$259

Fee Includes:

CMSR Application Fee

CMSR Study Guide

CMSR Study Session

CMSR Exam