



Operational Policies and Procedures

Attachment D

New Member Award Application

Criteria for GAMSS New Member Award:

1. This award covers a one-year GAMSS membership.
2. This award is open to any person in the medical staff or credentialing services field in the State of Georgia meeting the following criteria:
 - a. Has not previously received this award;
 - b. Is not a current member of GAMSS and has not been a member for a minimum of twelve (12) months as of the date of the application;
 - c. Institution is unable or unwilling to sponsor membership in GAMSS for the applicant.
3. A one (1) page typewritten statement outlining the applicant’s desire for personal, professional and educational growth must accompany this application.

Applicant Name: _____

Supervisor’s Name: _____

Institution: _____

Address: _____ City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

I hereby attest that I have been employed in the medical staff/credentialing services field for _____ months/years. I hereby request consideration of my application for membership funds offered by GAMSS. I have enclosed the required documentation to assist the Selection Committee in arriving at its decision. I attest that the information provided is true and correct.

Applicant Signature: _____ Date: _____

Supervisor’s Signature: _____ Date: _____

Mail or fax this form to the GAMSS Secretary:

Susan Lowry, CPCS, Credentialing Services Supervisor, Medical Staff Services
Children’s Healthcare of Atlanta
1584 Tullie Circle, Atlanta, GA 30329
Phone: 404-785-7487; FAX: 404-785-9168 Email Address: susan.lowry@choa.org

*This form and required statement must be received by the Secretary no later than January 15. Confirmation of receipt of the application will be provided. The award will be announced at the first quarter GAMSS meeting.