



## 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: \_\_\_\_\_

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#### Mail or fax this form to the GAMSS Secretary:

Jessica Ramirez, CPCS, CPMSM Director of Credentialing and Provider Enrollment  
Central Georgia Health Network 111 Perimeter Parkway, Macon, GA 31210  
Phone: 478-832-6141; FAX: 478-832-6148 Email Address: [ramirez.jessica@cghn.net](mailto:ramirez.jessica@cghn.net)

\*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.