

MINK

MISSOURI, IOWA,
NEBRASKA & KANSAS



AAPP

ASSOCIATION FOR ADVANCING
PHYSICIAN AND PROVIDER RECRUITMENT

Affiliate

2020 Individual Member Information

Please complete this form to accompany your Membership Invoice and a **check payable to MINK**.

MAIL to: MINK MidWestMD

c/o **Lisa Douglas** — *MINK Treasurer*

Provider Recruitment & Support Services
Cotton O'Neil Clinic
823 SW Mulvane
Topeka, KS 66606

Contact Info: lidougl@stormontvail.org (785) 354-5652

Name: _____

Title: _____

Work -Email: _____

Personal -Email: _____

Address: _____

City/State/Zip: _____

Office Phone: _____

Cell Phone: _____

Are you a member of ASPR? YES NO

Who is paying for your annual membership dues? Your organization or yourself personally?

Are you an Associate, a Diplomate, or a Fellow of ASPR? (circle one)

How many years of experience do you have in Physician Recruitment?

What % of time is devoted to Physician Recruitment?

If not 100% Physician Recruitment, what are other areas of responsibility in your job? _____

Hospital/Group/System:

Website:

What percent of your physicians are employed by your institution? _____

Is this an academic institution? Yes / No

If yes, where is the Academic Affiliation?

Please circle the all states which you recruit to for your organization:

Missouri Iowa Nebraska Kansas Oklahoma

2019 Individual Member Information

Please list additional states that you recruit to in addition to above:

Provide a brief description of your organization:
