



AMHA-OR

P.O. Box 4075 ▪ PORTLAND, OR 97208-4075

Telephone: (503) 222-0332 ▪ Toll Free Referral & Information: 1-888-706-9933

Return by mail or FAX to: 888-826-3682

Application for Associate Membership

Name: _____

Address: _____

Phone: _____ email: _____ FAX: _____

I am a graduate student or graduate degree holder in the discipline

of: _____

(Specify: counseling, marriage and family therapy, social work, mental health nurse practitioner, psychology, psychiatry)

I intend to become a licensed mental health professional in the State of Oregon and am applying for Associate Membership in the American Mental Health Alliance of Oregon (AMHA-OR) with the understanding that my payment of \$75 in the first year and \$75 each succeeding year will entitle me to (1) receive member newsletters (2) attend all AMHA-OR continuing education events, membership meetings and any other AMHA-OR peer gatherings paying either no-cost or the same cost as is paid by AMHA-OR members attending such events. (3) offer my professional listing on the www.AmericanMentalHealth.com website if my contracted supervisor is an AMHA-OR member.

Intended month and year of licensure: _____

Associate membership status cannot extend for more than six years.

My current place(s) of study/employment/training and the nature of my current activity are as follows:

(Brief Narrative Please)

I am under the supervision of: _____

Address of supervisor: _____

I am/or will be seeking supervision for: _____

My education and preparation to date includes the following:

1. Undergraduate Education

<u>Institutions</u>	<u>Dates</u>	<u>Degrees</u>
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2. Graduate Education:

<u>Institutions</u>	<u>Dates</u>	<u>Discipline/Degree</u>
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3. Internship/Residency Training:

<u>Sites</u>	<u>Dates</u>	<u>Focus</u>
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4. Post Graduate Training:

<u>Sites</u>	<u>Dates</u>	<u>Degree/Focus</u>
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What special or specific clinical areas of expertise and/or interests do you have that you would like AMHA-OR to be aware of?

Please read the following Membership Criteria before you sign this application.

At the time of your application for full membership, or at your request, AMHA-OR will provide a complete copy of Bylaws, Rules and Regulations and other materials which stipulate the terms and conditions of membership.

Note that section g. of Membership Criteria is usually the most troublesome for people who read the Membership Criteria of the AMHA-OR Bylaws. This wording is required in order to be clear that AMHA-OR members do not and will not engage in price fixing. Price fixing is prohibited by state and federal laws.

Bylaws of the American Mental Health Alliance - Oregon stipulate as follows:

Membership criteria. Every member of AMHA-OR must fulfill the following criteria:

- a. A member must maintain an unrestricted professional license from the appropriate State of Oregon administrative agency which regulates psychiatrists, psychologists, nurse practitioners, clinical social workers, licensed professional counselors, or licensed marriage and family therapists.
- b. A member must carry professional liability coverage in such amounts as may be set from time to time by the board of directors. The member's insurer must supply AMHA-OR with a certificate of insurance which shall state that such insurance coverage shall not be terminated or reduced without ten (10) days' prior written notice to AMHA-OR. As a minimum, each member shall have professional liability coverage of at least \$1,000,000 per occurrence and \$3,000,000 aggregate.
- c. A member must abide by all aspects of the participating professional agreements, the Bylaws, and Rules and Regulations of AMHA-OR as they may be amended from time to time; cooperate with AMHA-OR and its members in the implementation of the corporation's policies and objectives; pay assessments when due; adhere to the professional ethics and codes of conduct pertaining to his or her licensed profession; and follow the laws of the county and state where he or she is practicing.
- d. A member shall not make any misrepresentation to patients concerning the policy of AMHA-OR or contracting plan(s) or any misrepresentation regarding the provision of mental health services.
- e. All applicants for membership shall deliver to AMHA-OR adequate information for a proper evaluation of competence, training, character, and other qualifications as required in the member appraisal and reappraisal process. Material misrepresentations or omissions in an application shall be grounds for denial or revocation of membership. All applicants shall be approved by the board of directors.
- f. To the extent a member's services are contemplated in any risk-sharing mental health service contract AMHA-OR administers, the member will be obligated to comply with the terms of such contract and accept a reasonable number of patient-enrollees for which the member will be compensated for services provided at the rates set forth in the appropriate contract.
- g. Members shall not discuss with other members the fee structure, financial terms, or service pricing of any non risk-sharing agreements members enter into or consider entering into, including whether or not a specific member has accepted or rejected a specific non risk-sharing agreement.
- h. A member must comply with the quality guidelines and utilization standards required by participating plans and/or established by AMHA-OR, and participate in, accept the results of and comply with the requirements of the Quality Assurance committee as required by the participating professional agreement, these Bylaws, and the Rules and Regulations of AMHA-OR. Failure to do so may result in a termination of a member's membership rights.

3.11 Authorization for informational investigation. Every person who applies for membership in AMHA-OR shall authorize the board of directors and its agents and representatives to consult with professionals, county and state medical societies, and others who may have information bearing on the applicant's competence as a professional as well as his or her moral and ethical qualifications. The applicant shall release AMHA-OR, its board of directors, officers, agents, and representatives from any liability for their acts or their statements made in good faith and without malice in connection with evaluating the applicant during the application process. Each applicant shall execute a separate authorization and release for the purpose of conducting such informational investigation.

3.12 Release from liability for good faith acts. Applicants and members release from liability AMHA-OR, its board of directors, officers, agents, and representatives for their acts or statements made in good faith and without malice in connection with any evaluation, appointment, reappointments, hearings, disciplinary or corrective actions, sanctions, termination of membership, and other activities as provided for in the Bylaws and/or Rules and Regulations of AMHA-OR. This release is intended to and does hereby extend to individual members and nonmember professionals who participate in the above activities.

3.13 Termination of membership rights. The membership rights of any member of AMHA-OR (except provisional members who may be terminated pursuant to Section 3.14 hereof) may be terminated as provided below:

- a. Automatically if a member dies, retires, is adjudicated incompetent or has his or her professional license suspended or restricted without reinstatement;
- b. At the discretion of the board of directors if a member fails or refuses to comply with any of the criteria set forth in subparagraphs (a) through (h) of Section 3.10 hereof; or
- c. Pursuant to the criteria and procedures set forth in AMHA-OR Rules and Regulations (hereinafter "Fair Hearing Plan").

3.14 Termination of provisional members. During the one year period of provisional membership, provisional members may have their membership rights terminated by the board of directors without cause, provided that if the basis for termination arises from the provisional member's professional conduct or competence, the provisional member shall have a right to a hearing as provided in the Fair Hearing Plan.

3.15 Voluntary termination of membership rights. Subject to any continuity of care requirements of any plan with which AMHA-OR has contracted and subject to the limitations on voluntary termination of a member's participating professional agreement set forth in such agreement, a member may terminate his or her membership in AMHA-OR upon sixty (60) days written notice to the board of directors. No membership assessments paid previous to such notice of voluntary termination shall be repaid to such member.

3.16 Assessments. From time to time the board of directors may determine and levy assessments against each member of AMHA-OR to pay expenses incurred by the corporation. Members shall be given at least 30 days prior written notice of the board's meeting in which a proposed assessment will be determined and levied. Such notice shall reasonably describe the need for and purpose of such proposed assessment. Notice of assessments shall be mailed to each member. Assessments shall be payable within thirty (30) days after the date of the notice. Failure to pay any assessment is cause for termination of a member's membership rights.

3.17 Transfer of membership. Membership in AMHA-OR is nontransferable. No member shall sell or offer to sell or otherwise transfer his or her membership, unless such sale or transfer is to AMHA-OR and has been authorized by the board of directors. This provision shall not, however, give members the right to demand that AMHA-OR repurchase their membership interest.

I, the undersigned, hereby attest that I have read the **Membership criteria** excerpted above from the AMHA-OR Bylaws. I attest that the information given in or attached to this application is accurate and complete.

I specifically allow authorized representatives of AMHA-OR to consult with any third party that may have information bearing on the subject matter addressed by this application and to inspect or obtain any reports, records, recommendations, or other documents or disclosures of third parties that may be material to the questions in this application. I also specifically authorize any third parties to release information to authorized representatives of AMHA-OR upon request. I hereby release authorized representatives of AMHA-OR, and any third parties, from any liability for any reports, records, recommendations, or other documents or disclosures involving me that are made, requested, or received by AMHA-OR authorized representatives to, from, or by any third parties, including otherwise privileged or confidential information, made or given in good faith and relating to the subject matter addressed by this application.

I understand that my Associate membership in AMHA-OR, if approved by the Board of Directors, begins on the date of this application.

I understand that I am to pay \$75 annually, on the anniversary of this date, to keep my Associate member status in force.

I understand that my Associate member status must be converted to Membership status on or before six years from the initial date of my Associate membership.

Your signature and the payment of \$75 to AMHA-OR are required to complete this application. Stamped signatures are not acceptable.

Signature

Date

Payment by Credit Card:

Card Holder Name: _____ Card # _____

___ Visa ___ MasterCard Expires _____ Card Code# _____

AMHA-OR does not discriminate on the basis of race, national origin, age, gender, disability, religious affiliation or sexual orientation. We recognize the Americans with Disabilities Act. If you require accommodation under that law, please check here ____.