



## Associate Provider Membership

*With this submission, I apply on behalf of*

\_\_\_\_\_  
(Full Organization Name)

*for membership in the Hospital Association of Southern California.*

**Current CEO:** \_\_\_\_\_

(Name and Title)

Email: \_\_\_\_\_

(Signature)

**Organization Address:**

**City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Administration Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
(Name of individual completing application)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(email)

\_\_\_\_\_  
(Telephone number & extension)

\_\_\_\_\_  
(Date)

**Type of Organization:**

\_\_\_ **Home Health**

\_\_\_ **Physician Organization**

\_\_\_ **Skilled Nursing Organization**

\_\_\_ **Outpatient Organization**

\_\_\_ **Psychiatric Health Facility**

\_\_\_ **Assisted Living Facility**

\_\_\_ **Other** \_\_\_\_\_

**HASC**  
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Number of Employees: \_\_\_\_\_

**Accreditation**

Last accreditation: \_\_\_\_\_  
(month/year)

The accreditation cycle is \_\_\_\_\_ year (s).

**Accrediting Organizations**

- \_\_\_ Accreditation Association for Ambulatory Health Care (AAAHHC)
- \_\_\_ Accreditation Commission for Health Care (ACHC)
- \_\_\_ Board of Certification/Accreditation, International (BOC)
- \_\_\_ Center for Improvement in Healthcare Quality (CIHQ)<sup>[1]</sup>
- \_\_\_ Community Health Accreditation Program
- \_\_\_ The Compliance Team, "Exemplary Provider Programs"
- \_\_\_ DNV Healthcare
- \_\_\_ Healthcare Facilities Accreditation Program (HFAP)
- \_\_\_ Healthcare Quality Association on Accreditation (HQAA)
- \_\_\_ The Joint Commission (TJC)
- \_\_\_ National Committee for Quality Assurance (NCQA)

Medicare Certification Number (if applicable) \_\_\_\_\_

**Ownership/Management**

Owned by: \_\_\_\_\_

Number of years under current ownership: \_\_\_\_\_

Managed by: \_\_\_\_\_

**Chair of the Governing Board:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

**Medical Director:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

**Dues**

Dues for Associate provider members will be assessed at \$5000 for the first, or main location and \$1,000 for each additional site. For organizations enrolling more than ten sites, site 11 and thereafter would pay \$500 per site.