ARKANSAS AMBULATORY SURGERY ASSOCIATION

MEMBERSHIP APPLICATION

Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Mailing Address *(if different from above)*

Street Address: _____

City: _____ State: _____ Zip: _____

Please list the contact person to whom AASA information should be sent:

Name: _____ Title: _____

Key Personnel

Administrator: _____ Email: _____

Nurse Manager: _____ Email: _____

BOM: _____ Email: _____

Other: _____ Email: _____

General Center Information

Please check the appropriate areas

☐ Licensed by the Arkansas Department of Health

☐ Certified by CMS

Accredited by: ☐ AAAHC ☐ JCAHO ☐ Other: _____

Ownership: ☐ Corporation ☐ Hospital JV ☐ 100% MD Owned

Type: ☐ Freestanding ☐ In-hospital ☐ Office Based Surgery Center

Date ASC opened: _____

Number of Operating Rooms: _____ Number of Procedure Rooms: _____

Current employees: Full Time _____ Part Time _____ PRN _____

AASA Membership Application

Number of Surgeons on current Medical Staff: _____

Average Number of cases/month: _____

Types of Procedures Performed:

	Yes	No		Yes	No
ENT			Oral/Dental		
Genera			Orthopedic		
GI			Pain Mgmnt.		
GYN			Plastic		
Lithotripsy			Podiatry		
Neurology			Steriotactic		
Ophthalmology			Urology		

Other types of procedures not listed above

Committee Information

Please choose a committee you would like to participate on *(all applicants must sign up for a committee)*

☐ Education ☐ Membership ☐ Benchmarking

I/We hereby apply for membership in the Arkansas Ambulatory Surgery Association (AASA) and I/we agree to abide by the bylaws and Rules and Regulations of the Association as may be, from time-to-time, enacted by the Association. I/We state that the information contained within this Application for Membership is true and correct to the best of my/our knowledge.

Signature Date

Membership Fee: $350/year or $500/2 years

Please make your check payable to AASA and mail your check with this application for Membership to: **Kim Hamma 8820 Knoedl Court, Little Rock, AR 72205**

(501) 224-6767 khamma@lrsurgery.com