

AMERICAN COALITION OF HEALTHCARE RECRUITERS (ACHCR)

AMBASSADORS FOR PERSONAL, CONFIDENTIAL CANDIDATE PLACEMENTS

MEMBERSHIP APPLICATION

ACHCR is a membership organization for third party/independent healthcare recruiting firms. ACHCR strives to have and attract members who serve the industry according to the highest standards of conduct, ethics and integrity. As such, ACHCR's Advisory Board reserves the right in its sole discretion to elect members to join the Coalition. Membership election is supported by an application process which includes completion of this application, website review and reference checks. Additional information may be sought on a case by case basis.

Information shared as part of the application process will be treated confidentially. Applications are reviewed by the New Member Sub-Committee appointed by the Advisory Board of ACHCR. After review of the completed application and reference checks, a recommendation is provided to the Advisory Board for final approval. Notification of the application process's results will be provided to the applicant as soon as possible. Notifications are targeted for the 15th of each month however, depending on the timing of the application and availability of references, notification may take additional time to be completed. The membership fee for the month of acceptance is either pro-rated or provided free-based on the date of notification.

Instructions: This document is not "write protected" in an effort to provide applicants with as little or as much space as necessary. Please indicate answers between each question or in numbered sequence at the end of the document. We suggest saving the original copy to file should an error arise while completing the application.

1. Company information:

Company Name: _____
Address: _____
City/State _____
Phone number: _____
Web site: _____
E-mail: _____
Contact person: _____

Name/s of employees to receive ACHCR.com logins:

2. Company description:

- a. What is your legal designation (Sole Proprietor, Partnership, Corporation...?)

- b. Describe the services of your company/group:
- c. Do you offer services beyond recruitment? If so, please describe:

3 Geographical Service Area: Please specify the states/regions for which your services are available:

4 Recruitment Specialty Service: Please list all specialties that you currently recruit for:

5 Industry Experience: How many years has your firm been recruiting Physicians, Nurses or Allied Health practitioners?

6. Affiliations

- a. Do you now or have you in the past belonged to a split or networking group/association? If so, please provide contact information for those groups/associations.
- b. Have you, or another member of your firm ever been disciplined, dismissed, expelled, or asked to forfeit membership in a professional group, association or organization? If yes, please provide full detail as to the occurrence and any information you would like us to consider regarding action taken to resolve the issue(s).

7. Industry References: Please provide the names and contact information of (3) Persons in the healthcare recruitment industry or hospital/practice setting with whom you have a working relationship (this information will be used solely for reference purposes.)

Name: _____
Company: _____
Contact Information: _____
Email address _____

Name: _____
Company: _____
Contact Information: _____
Email address _____

Name: _____
Company: _____
Contact Information: _____
Email address _____

8. Marketing activities:

- a. Do you have a web site? If so what is the address?
- b. ACHCR has agreements with several job boards and is in a constant state of evaluation of both existing agreements and prospective job boards. If you advertise online, please list where and how you currently feel about your ROI and customer support you receive:

9. Recruiting Process:

- a. Please describe your recruiting process? (Note we are not asking you to divulge proprietary information, but to generally describe your firm's process.
- b. Is your recruitment firm in compliance with equal opportunity rules and regulations?
- c. Please describe how your firm manages candidate curriculum vitas (CVs) and resumes?
- d. Does your firm have a candidate confidentiality policy? If yes, please describe. If no formalized policy, but you have an internal procedure please describe.

Please note the ACHCR membership application process includes the following steps; 1) Receipt of a completed application from a prospective member, 2) A membership screening interview by one or more of the membership committee members with representative(s) of the applicant firm, 3) Notice of application receipt emailed to all current ACHCR Coalition members, 4) Reference interviews conducted by the membership committee, 5) Membership committee recommendations are forwarded to the ACHCR Advisory Committee for approval.

Thank you for spending the time to complete this application. We will expedite our application process as quickly as possibly and will get back with you. Thanks for your interest in ACHCR Membership.

John Frey, Director of ACHCR

www.ACHCR.com
johnfrey@NCHCR.com

949-429-5598