



# Inspire Collaborative Health Association

## Membership Enrollment Application

Today's Date: \_\_\_\_\_

### Personal Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Home Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Personal Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

License #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Licensing State: \_\_\_\_\_ NPI: \_\_\_\_\_

### Work Information

Place of Employment <sup>1</sup> :		Work Address <sup>1</sup> :	
Office Phone <sup>1</sup> :		Work Website <sup>1</sup> :	
Designation (MD, NP, etc.) <sup>1</sup>		Specialty <sup>1</sup> :	

Are you the owner/operator/manager of this business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Business Establishment Date:		Is the business in compliance with all local, state, and federal requirements <sup>2</sup> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business carry a current/active form of liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In addition to, or instead of business liability, do you carry a personal policy that covers you in your scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> Will be listed in public directory

<sup>2</sup> Specifically, licensing requirements

### Directory Preferences

Are you currently accepting new patients/clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Waitlist	<input type="checkbox"/> By Application Only
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If NO, you will still be listed in our directory, but your new patient status will be notated.

Available forms of appointments:	<input type="checkbox"/> Telehealth	<input type="checkbox"/> In Person	<input type="checkbox"/> Phone Consults
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Forms of payment accepted:	<input type="checkbox"/> Insurance	<input type="checkbox"/> HSA/FSA	<input type="checkbox"/> Self Pay	<input type="checkbox"/> Payment Plans	<input type="checkbox"/> Financing Available
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Can we post your picture in our directory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like us to use a headshot/photo from your current employer's website?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you prefer to supply a picture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There is a place for you to summarize to site visitors why you chose to join ICHA, your personal vision or mission, or a little bit about yourself. Would you like to make a statement that we could use next to your picture and contact information? (750 characters or less)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please make a statement here: \_\_\_\_\_

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### Membership Assistance

Inspire Collaborative Health Association never wants a qualified health professional interested in our mission to miss out on the opportunity to join due to cost. Donations make it possible for us to offer assistance to professionals who qualify. Membership assistance comes in the form of a discount. Three tiers of discount are available. Tier 1 = 15% discount. Tier 2 = 25% discount. Tier 3 = 35% discount.

Are you interested in applying for membership assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please fill out the included membership Assistance Application in this packet and submit it along with the rest of your enrollment paperwork. Debit or credit card information should still be included below but will not be charged until the applicant is notified of the approved discount. The discount applies to a one annual membership fee and will need to be reevaluated with an updated application one month before membership renewal.

**Professional Credentialing—Licensure**

Have you ever been or are you currently employed as a licensed professional in the current state you reside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, provide the following licensing information. If NO, skip to the next section.

License #:		License Type:		Expiration:	
License #:		License Type:		Expiration:	
License #:		License Type:		Expiration:	

Have you ever been or are you currently employed as a licensed professional in any U.S. jurisdiction (state, territory, or D.C.) other than the state you reside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, list every jurisdiction in which you have been employed as a licensed professional during the past five years.

Jurisdiction:					
License #:		License Type:		Expiration:	
Jurisdiction:					
License #:		License Type:		Expiration:	

Do you hold or have you ever held a license for a business, trade, occupation, or profession, other than those previously disclosed in this application (including those not recognized or regulated in your residing state)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, list every jurisdiction to which you have held a license and answer these questions for each license:

Jurisdiction:					
License #:		License Type:		Expiration:	
Jurisdiction:					
License #:		License Type:		Expiration:	

Have you ever applied for a license (even if the application was withdrawn or denied) in any U.S. jurisdiction that DID NOT RESULT, OR HAS NOT RESULTED, in the issuance of such license in that jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, list every jurisdiction to which you have applied and answer these questions for each time you applied:

Jurisdiction:					
Reason for non-issuance:		License Type:		Application Date:	
Jurisdiction:					
Reason for non-issuance:		License Type:		Application Date:	

**Professional Credentialing—Other than Licensure**

For all non-licensed credentialing. Include completed and in-progress credentials:

Credential Type:	<ul style="list-style-type: none"> <li>• Degree</li> <li>• Certification</li> <li>• Non-degree/Non-certification Trainings, Courses, Seminars</li> <li>• Other Credentials (explain)</li> </ul>
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College	Degree	Completion

Certification Issuer	Certification Type	Completion	Expiration

Training Issuer	Training Type	Completion	Expiration

Other/Additional	Other/Additional Type	Completion	Expiration

Are you currently active in any associations, clubs, or other memberships relating to your scope of practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, please list:

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Are you currently or have you ever held a leadership position for a class, course, seminar, club, or association relating to your scope of practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, please list:

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Since you began practicing in this field, have you practiced continuously by seeing clients regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever taken longer than six months off from your scope of practice? (e.g., extended maternity leave, sick leave, other long-term breaks, unemployment, education, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, please specify why you stopped practicing and for how long you didn't practice:

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**Professional Misconduct**

Have you ever had a professional license be suspended, censured, placed on probation, reprimanded, disciplined, or allowed to resign or offered diversion in lieu of disciplinary action? Include matters where discipline was stayed or held in abeyance subject to diversion or other agreement and include matters deemed confidential or closed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, explain:

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Has any professional license in any jurisdiction ever been limited, restricted, monitored, or conditioned upon compliance with any terms or conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, explain:

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## Payment and Authorization

By providing your credit card information for the initial membership purchase, you authorize us to securely process payment. This process enables the option for automatic membership renewal using the "save credit card on file" feature. Automatic renewals will occur annually, specifically in the same month as your initial joining month. The renewal price will correspond to the pricing category the member signed onto, with any potential pricing discounts or credits applied. A single reminder will be sent prior to the renewal card processing. Please note that annual dues and donations are non-refundable and 100% tax-deductible.

**Cancellation Policy:** If you choose to cancel the automatic renewal, it is necessary to notify us one month prior to your renewal month or immediately at the time of the reminder. Failure to do so could result in the renewal fee being charged to your credit card.

By proceeding with the initial membership purchase, you acknowledge and agree to these terms and conditions.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card): _____	
Card Number: _____ CVV: _____	
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	

I, \_\_\_\_\_, authorize Inspire Collaborative Health Association to charge my credit card for membership dues. Group pricing applies per provider. Please select your payment preference option below:

<input type="checkbox"/> \$700/yr	<input type="checkbox"/> \$67/mo (Individuals)	<input type="checkbox"/> \$560/yr	<input type="checkbox"/> \$54/mo (Group 2-5)	<input type="checkbox"/> Apply For Assistance
<input type="checkbox"/> \$490/yr	<input type="checkbox"/> \$47/mo (Group 6-10)	<input type="checkbox"/> \$420/yr	<input type="checkbox"/> \$40/mo (Group 11-15)	

I understand that my payment information can be saved on file for future transactions (annual dues or authorized donations) on my account.

Yes, save my card and auto-renew my dues each year.  No, do not save my card for auto-renewal.

Signature:		Date:	
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Would you like to make a one-time or recurring contribution towards helping our impactful galas, grants, seminars, services, and programs? All donations are 100% tax-deductible.

Yes, please accept a donation of \$ \_\_\_\_\_.  No, not at this time.

One-time donation  Repeat donation  Frequency: \_\_\_\_\_

Signature:		Date:	
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## Disclaimer and Signature

By submitting an application to become a member of Inspire Collaborative Health Association (ICHA), the applicant acknowledges and agrees to the following terms and conditions:

**No Refund Policy:** All fees paid to ICHA are non-refundable. Payments are processed and retained solely for individuals meeting ICHA standards and accepted for membership participation.

**Denial Policy:** Funds are refunded only in case of application denial, with a deduction of a \$50 application & processing fee. Applying to Inspire Collaborative Health Association does not ensure membership. Applicants can reapply after six months, given substantial changes to the information in their application.

**Membership Disclaimer:** Enrolling in ICHA does not guarantee an increase in patient/client load, and ICHA is not liable for the growth of a clinic or practice. The network provides benefits for active participation, and features, benefits, and co-members may evolve as ICHA grows and develops.

**Mission, Vision, Professional Conduct, and Continuing Education:** By applying, the candidate affirms alignment with the association's mission and vision. They commit to practicing within legal boundaries of their skill set, scope, and state regulations. Professionals pledge not to influence patients/clients on practices, supplements, medications, etc., beyond their legal qualifications. Engaging in practices outside these limits may lead to removal from the association. All professional members agree not to make unauthorized claims or guarantees related to diagnosis, disease mitigation, treatment, cures, or prevention. Additionally, professional members holding credentials requiring ongoing education, licensure, or other measures must stay current to maintain their membership status.

**Group Pricing:** All applications for group pricing must be submitted within a week (7 days) of each other. The approval of group pricing rates is contingent upon the simultaneous approval of all applicants. While the addition of extra members at a later date is allowed, it is subject to payment at the corresponding group price outlined in the pricing structure above. In the event that adding a member results in the group reaching the next discount bracket, the additional member will be billed at the price applicable to that higher bracket. When the initially enrolled group members renew, they will pay the new group price. Referral credits or discounts cannot be applied to providers within the same group pricing. Please note that no refunds or credits will be applied to initially enrolled group members.

**Membership Change:** If ICHA was provided to an individual as a benefit of being employed at a company and is no longer employed, employment change must be reported to have the individual removed from ICHA benefits. If the affiliated business doesn't request withdrawal, the individual can update work information, retaining benefits until the original contract/application expiration. Disassociation or removal of members due to firing, resignation, or other from the affiliated group will not receive reimbursement for the difference of that lost member.

**Individuals involved in malpractice suits or professional misconduct suits:** Individuals must notify the association of the occurrence and how the case is settled. Based on the resolution of the case, the individual may be subject to review by the ICHA board for a vote on their removal from the association. By omitting or failing to disclose any professional misconduct or malpractice claims, the applicant acknowledges that they may be subject to review by the ICHA board for a vote on their removal from the association.

**Authority to Terminate Membership, Forfeiture of Dues and Benefits, Termination Due to Non-Compliance:** ICHA retains the discretion to revoke membership for any valid reason deemed appropriate by the association board of directors. Any professionals that voluntarily or involuntarily separate from ICHA forgo reimbursement of any annual dues or donations and lose access to benefits offered by the association. Behaviors warranting termination include but are not limited to, malpractice, dishonesty within their application, illegal practice, sexual harassment, physical harassment.

**Active Engagement:** Upon joining, members recognize that the full spectrum of benefits offered by the association is optimized through active participation. It is incumbent upon each member to proactively engage and avail themselves of the diverse services provided. Please be aware that services and benefits are subject to occasional modifications, and their availability or accessibility may vary based on member location.

**Membership Renewal and Expiry:** Professional memberships are valid for one calendar year from the date of enrollment. Members are expected to pay their annual membership dues in the month of the renewal date. Failure to renew within 30 days past the renewal date results in removal from the directory and forfeiture of all association benefits.

**Communication Protocols:** The association communicates through email, our private social media platform, and text. Occasionally, phone correspondence or mail may be employed if a member cannot be reached through other channels or it is deemed appropriate.

**Code of Conduct:** Members are expected to embody the vision and mission of the association, conducting themselves with honesty, professionalism, responsibility, and respect towards fellow members and their practices.

**Dispute Resolution Mechanism:** In the event of a complaint or dispute involving members, the matter must be submitted to the board of directors for review. Subsequent to gathering all relevant information, the board will conduct a vote on the appropriate resolution, communicating the decision to the involved parties with utmost confidentiality.

I understand that along with the application, I am required to provide supporting credentialing documentation, including degrees, certifications, proof of classes, trainings, etc., as necessary for the evaluation process.

I certify that my answers are accurate and complete to the best of my knowledge. By signing this document, I understand that I am applying to become an active member of the Inspire Collaborative Health Association and acknowledge that my information will be listed in the member directory per my selected preferences.

By submitting an application to become a member of ICHA, the applicant acknowledges that they have read and understood the above terms and conditions, and agree to be bound by them.

Signature:		Date:	
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## Statements and Notices

Thank you for expressing your interest in joining Inspire Collaborative Health Association. We genuinely appreciate your application and, after thorough consideration, are committed to offering you a seamless onboarding experience.

Upon approval of your application, we will promptly process your payment unless you have already completed this step personally through our website. Expect to receive a notification about the status of your application within two weeks. Once approved, immediate access to the wealth of benefits tied to your membership awaits you. Additionally, within four weeks of approval, anticipate a comprehensive welcome packet that will guide you in fully embracing the advantages of your membership.

While the submission of your enrollment application and payment signifies your desire to join ICHA, it's crucial to note that it doesn't guarantee member or partnership status. Our evaluation team meticulously reviews all enrollment information against ICHA's standards. Full payments are processed and retained solely for applicants meeting our stringent requirements and criteria.

In certain instances, after a thorough evaluation, it may be determined that an applicant's experience, education, or modality doesn't align with our organization's vision and mission. Should this occur, any processed payment will be promptly refunded (minus a \$50 application processing fee), and all payment information securely destroyed in compliance with data protection regulations. A formal letter of decline will be sent to the applicant, offering transparency in the decision-making process. However, applicants are encouraged to reapply in the future, providing an opportunity for reconsideration if their experience or credentials evolve.

For those who submit enrollments including a Membership Assistance Application, rest assured that ICHA will diligently review the information provided. Within four weeks, we will determine any applicable discounts, initiating contact to confirm the annual dues amount is feasible for the applicant, and payment processing should move forward. This commitment ensures transparency and clarity in the financial aspects of membership. We eagerly look forward to the possibility of welcoming you as a valued member of our association.