

Products and/or services provided

<input type="checkbox"/> Accounting	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Quality Improvement
<input type="checkbox"/> Accreditation	<input type="checkbox"/> Information Technology System	<input type="checkbox"/> Software supplier
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Insurance	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> Answering Service	<input type="checkbox"/> Leadership Assessment	<input type="checkbox"/> Telehealth
<input type="checkbox"/> Banking	<input type="checkbox"/> Legal	<input type="checkbox"/> Telephony
<input type="checkbox"/> Billing	<input type="checkbox"/> Licensure/Start-up	<input type="checkbox"/> Training
<input type="checkbox"/> Claims Management	<input type="checkbox"/> Managed Care	types: _____
<input type="checkbox"/> Communications	<input type="checkbox"/> Management Consulting	_____
<input type="checkbox"/> Computer Hardware	<input type="checkbox"/> Marketing / Advertising	_____
<input type="checkbox"/> Contractor / Remodeling Services	<input type="checkbox"/> Medical Product Supplier	_____
<input type="checkbox"/> Corporate Compliance Planning	<input type="checkbox"/> Medical Transportation	<input type="checkbox"/> UAS-NY Assessments
<input type="checkbox"/> Durable Medical Equipment	<input type="checkbox"/> Non-Medical Transportation	<input type="checkbox"/> Website design and/or management
<input type="checkbox"/> Education	<input type="checkbox"/> Nursing / Clinical Consulting	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Employee Recruitment and/or Screening	<input type="checkbox"/> Office Supplies	_____
<input type="checkbox"/> Employment & Benefits	<input type="checkbox"/> Payroll	_____
<input type="checkbox"/> Executive Search	<input type="checkbox"/> PERS	_____
<input type="checkbox"/> HIPAA compliance	<input type="checkbox"/> Pharmaceutical supplies	_____
	<input type="checkbox"/> PRI / Screen Assessments	_____
	<input type="checkbox"/> Printing	_____
	<input type="checkbox"/> Publishing	_____

Please provide a 40 word or less description of your products and/or services to be listed in Alliance publications. _____

*****REQUIRED SIGNATURE*****

I certify that I am an authorized representative of my agency and am affirming its membership in the Alliance of TBI & NHTD Waiver Providers. I agree to receive information/updates/announcements from the Alliance via mail, email, or fax. I understand that membership in the Alliance is for one full year and agree to pay the full amount of the annual dues.

Agency authorized person's name (please print): _____

Signature _____ Date: _____

Please send completed, signed membership contract and dues payment to:

The Alliance of TBI & NHTD Waiver Providers
4381 Tannery Road
Campbell, New York 14821

Membership benefits will not be granted until a signed contract *and* dues payment are received.

For questions about your application, please contact Traci Allen, Executive Director, at tallen@alliance-nys.org