

Medical Business Advisors, Inc.
Certified Medical Planner[®] Program Application Form

Please print out, answer and return this form with tuition fees and all applicable hardcopy attachments, by US mail. Alternatively, you may photocopy, scan, fax or send it back to the Medical Business Advisors™ by secure digital e-mail. (MarcinkoAdvisors@msn.com). This form may be disseminated to qualified colleagues, as needed.

GENERAL INFORMATION

Name:

Address:

Phone

Fax:

Email:

Website:

Attach hard copies, photocopies, fax, or digitalized copies of yellow page advertisements, business cards, and/or other advertisements:

- Title/Position:
- Firm (indicate if independent):
- Broker/Dealer Name and /or firm CRD #:
- Social Security Number:
- Attach copy of form ADV Parts I and II, as required:

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- If approved by DALBAR or another rating service(s), please include a copy of your review(s)?
- Have you ever been convicted of a felony? (If yes, please explain on separate sheet).
- Is your compensation predominantly commission based, fee based, fee only or hybrid? (Please circle only one response)
- Do you have a clear regulatory record?
- Have you ever been sanctioned by a SRO? (If yes, please explain on a separate sheet).
- Attach a copy of your Errors and Omissions (E & O) insurance policy front sheet(s).

EMPLOYMENT HISTORY (Use additional space if needed)

- 1.
- 2.
- 3.
- 4.

EDUCATION AND DEGREES (Use additional space if needed)

1. Undergraduate College or University and Course of Study:
2. Graduate School and Course of Study:
3. Professional School and Course of Study:
4. Miscellaneous education:

ASSOCIATIONS (Use additional space if needed)

- 1.
- 2.
- 3.

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LICENSES (Use additional space if needed)

Please indicate all licenses currently held and attach a hard copy of each registration card.

- 1.
- 2.
- 3.

DESIGNATIONS (Use additional space if needed)

Please indicate all designations currently held and attach a hard copy of each registration card, diploma and/or certification.

- 1.
- 2.
- 3.

CREDENTIALS (Use additional space if needed)

Please indicate any other financial or healthcare specific business advisory credentials currently held, and attach a hard copy of each registration card, diploma or certification.

- 1.
- 2.
- 3.

PUBLICATIONS (Use additional space if needed)

Please list all professional and/or peer reviewed publications (author/co-author) referenced in the usual Index Lexus/Nexus fashion:

- 1.
- 2.
- 3.

Please list all professional books (editor, contributing author, etc) referenced in the usual ISBN number fashion

- 1.
- 2.
- 3.

ETHICS ATTESTATION STATEMENT (Please write a brief essay on the ethical challenges that a professional advisor to physicians, or healthcare executives, might face. Use an anonymous real life example(s) from your practice and be sure to state how you overcame them. Maximum length is 500 words)

HEALTHCARE OR BUSINESS SPECIFICITY ATTESTATION (Please write a brief essay how you feel your knowledge, credentials and experience might assist physicians, or healthcare executives, in the current managed care environment. Use an anonymous real life example(s) from your practice. Maximum length is 250-500 words).

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LETTERS OF RECOMMENDATION

Please have one letter of reference sent to us from a current or former medical client, and/or from a peer knowledgeable of your healthcare/financial space expertise or interest.

APPLICATION SEQUENCE AND RULES:

- ✓ You may contact us (marcinkoadvisors@msn.com) for assistance in completing this application, or call (770-448-0769). Note needless information with a NA.
- ✓ Please allow 2-6 weeks for background checks and acceptance decision-notification.
- ✓ A telephonic interview may be required in certain cases.
- Send a tuition check/money order for \$6,250 made out to *Marcinko Associates*™, the advertising agency for MBA Online™ and the MBA Network™.
- Quarterly payments of \$1,500 are permitted.
- If accepted, this represents a non-refundable tuition and application fee.
- If not accepted into the network, \$6,000 will be refunded, but a credentials verification and application fee of \$250 will be retained.
- Alternate tuition is \$499 per individual course, if taken under the one month intensive MBA Certificate of Completion® format. There is no application fee for this format.

Upon approval, your profile will be activated and placed in our private MBA Trust© database, and you will become available to receive leads, consultations, information requests, media interviews, speaking or publishing engagements, or other exposures, subject to availability. Since our database is personalized, privileged and proprietary, your name will not be placed on our website, but it will be used for personal referrals to qualified doctors, medical professionals and healthcare institutions.

Background Check Authorization

I authorize the Institute of Medical Business Advisors™ Inc., Marcinko Associates™, David Marcinko Associates™, the Medical Business Advisors Network™ and/or its agents and representatives, to use the information supplied in this application to perform confidential background checks on my application for inclusion into the Certified Medical Planner© Course and MBA Network© of advisors. These include, but are not limited to: all local, State and Federal law enforcement agencies, the NASD or SEC, all educational institutions, SROs, credit reporting agencies, and/or any other sources deemed necessary to review of my application. I realize that application and non-refundable application fee contribution does not guarantee acceptance into the network.

I have read and agree to the Background Check Authorization Terms above.

Original Signature Required _____
(Digital, facsimile or copy signature same as original)

Date:

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Membership Agreement

MBA Membership Terms and Agreement

Membership in the MBA Network© is an agreement in good faith and represents a fraternally based educational and marketing opportunity for related professionals. It is not a guarantee or claim to business referrals or leads, professional fees, product sales, speaking engagements, traditional or new media interviews, publicity or exposure. All Members are independent professionals who are predominantly, but not exclusively, fee-based educators, and who agree to indemnify and hold harmless Marcinko Associates™, Medical Business Advisors™, and any and all executives, managers, employees, volunteers and affiliated network members, in any and all, related and unrelated matters. Membership is for a term of one (1) year. Membership is subject to annual credentials review and voluntary non-refundable fee contribution according to the compliance review team and CQI due diligence efforts from affiliated medical clients. Members may withdrawal at any time, without application donation / tuition fee refund, upon written notice of his/her intention not to renew, with such notice to be received by MBA, Inc. by fax, e-mail or certified mail, not later than thirty (30) days prior to a given renewal period.

Moreover, ongoing intellectual or tuition contributions of support are entirely voluntary. This represents a moral obligation of like-minded individuals, and not a legal contract.

No Member shall be entitled to benefits, if any, unless such Member has truthfully and completely provided MBA with the relevant information contained in the MBA Network™ Membership Application; and is, and continues to be, duly licensed and in good standing as a **Registered Representative, Financial Advisor (ASA, MBA, MHA, MSFS, RFC, PhD), Certified Financial Planner™, Accountant (CPA, CVA, QFP, CMA, EA), Attorney, Asset or Portfolio Manager (CIMA, CFA), Insurance Professional (CLU, CIC, RHU, LUTCF, ChFC), Healthcare IT, MIS or CIS Professional** or related advisor with healthcare specificity, and has made all of the required Membership and voluntary contributions, subject to verification. If a Member should retire or become inactive he/she may not continue his/her Membership in the Network. If Membership is canceled or terminated by either party, for any reason whatsoever, and/or if a Member fails to renew his/her Membership, such Member shall thereafter be ineligible to rejoin the Network

I have read and agree to the Membership Agreement Terms above

Original Signature _____
(Digital, facsimile or copy signature same as original)

Date: _____

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Thank You and Good Luck!
Hope Rachel Hetico
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Contact:

Hope Rachel Hetico, RN, CPHQ, MHA
President and COO
MBA Virtual Campus©

Certified Medical Planner Program©

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Forging Relationships between Physicians and Advisors™



MBA: Where learning is a +™

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