MLN Connects Provider Association Partnership Registration Form

Qualifying as a Partner

Before proceeding, please read about MLN Connects™ Provider Association Partnerships, then complete this form and submit for review using the "Submit Form" button below.

*Please note: This type of partnership is intended only for national health care provider associations, federations, organizations, societies, or similar entities that represent health care providers and agree to receive the weekly MLN Connects Provider eNews and share relevant eNews contents with their members or subscribers.**

To find out if your organization qualifies to partner, please check all that apply:

- ☐ Your organization represents Medicare or other health insurance beneficiaries
- ☐ Your organization provides health care services
- ☐ Your organization is a vendor or manufacturer
- ☐ Your organization is an educational institution
- ☐ Your organization provides consulting services
- ☐ Your organization provides legal services

If you checked any items above, your organization does NOT qualify as a partner. Instead, please self-subscribe to our weekly *MLN Connects Provider eNews* to receive official CMS news and information for providers and other interested parties. Otherwise, please fill out the remainder of the form, submit it, and we will contact you once it is reviewed.

Your Organization's Details

1. Full name of organization to partner: _____

2. Main website address (URL) of organization: _____

3. Number of members or subscribers your organization will share *eNews* content with: _____

4. Below, please list up to 3 contact persons to receive the weekly *eNews* and forward relevant content to your members:

Primary Contact (Required)	Secondary Contact (Optional)	Tertiary Contact (Optional)
Name:	Name:	Name:
Email:	Email:	Email:
Phone:	Phone:	Phone:

Please use the "Submit Form" button below to email this form once complete. We look forward to partnering with you!

Submit Form