



## American National Standards Development Application Form

The Healthcare Standards Institute (HSI) earned the prestigious designation as an American National Standards Institute (ANSI) Accredited Standards Developer (ASD). We meet the rigorous requirements for due process and criteria for approval and withdrawal of American National Standards, as described in the [ANSI Essential Requirements: Due Process Requirements for American National Standards](#). Our mission is to enhance the health and well-being of individuals while improving the equity, efficiency and effectiveness of healthcare organizations through the development of standards. The Healthcare Standards Institute seeks to strengthen healthcare delivery processes and systems so that they are value-added, resilient and responsive.

In our quest for sustainable and innovative solutions, HSI attracts and actively seeks out top industry leaders whose primary focus is the improvement of healthcare organization management and patient outcomes through standardization. We welcome you to contribute to the creation of American National Standards.

### **Step 1: Please indicate your membership type:**

☐ Corporation: **Annual Corporate Fee: \$950.00** (Please complete **Section A**)  
Includes up to two (2) named company employees who may participate in one or more standards working groups. Each active working group company participant may have their name, post-nominal letters, company title, working group title (if applicable) and company name listed in the applicable HSI published domestic standard for up to 5 years.  
Additional participants may be added \$300/annually for each corporate employee.

☐ Non-profit Organization\*: **Annual Non-Profit Fee: \$395.00** (Please complete **Section A**)  
Includes up to two (2) named non-profit organization employees who may participate in one or more standards working groups. Active working group non-profit organization participants may have their name, post-nominal letters, non-profit organization title, working group title (if applicable) and non-profit organization listed in the applicable HSI published domestic standard for up to 5 years.  
Additional non-profit organization participants may be added for \$200/annual each employee.  
*\*Subject to verification*

☐ Individual Expert: **Annual Fee: \$700** (Please complete **Section B**)  
Includes one (1) individual expert who may participate in one or more standards working groups. Active working group expert participant may have their name and post-nominal letters listed in the applicable HSI published domestic standards for up to 5 years.



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## **Section A**

### **Corporate / Non-Profit Organization Information**

**Legal Name:**

**Entity Type:**

**Address:**

**Website:**

**Employer Identification**

**Number (EIN)**

### **Authorized Representative 1**

**First Name:**

**Last Name:**

**Post-nominal Letters**

*(if applicable)*

**Company Title:**

**Telephone Number:**

**Email address:**

### **Authorized Representative 2**

**First Name:**

**Last Name:**

**Post-nominal Letters**

*(if applicable)*

**Company Title:**

**Telephone Number:**

**Email address:**

☐ We would like to add additional members to our company's membership (Please reference fee schedule and complete Addendum A to add additional members.)

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## **Section B (Individual expert)**

**First Name:**

**Last Name:**

**Post-nominal Letters**

*(if applicable)*

**Title:**

**Telephone Number:**

**Email address:**

**Please list your  
professional experience.**



**Step 2:**

Please list the working group you are interested in joining: |

**Step 3:**

**Please indicate your Interest Category:**

**Interest Categories** are those fields or sectors that you will be representing in the Working Group. Please choose one single category that best represents your participation.

- ☐ User - Corporate
- ☐ Producer - Corporate
- ☐ Government
- ☐ Academia
- ☐ Patient or Patient Advocacy: Groups
- ☐ General Interest

**Step 4:**

**The Healthcare Standards Institute (HSI) Standards Development Procedures** provide specific guidance for HSI standards activities including: project justification and initiation of new standards; approval balloting; requirements for balance, consensus, and due process; procedures for revision, reaffirmation and withdrawal; criteria for processing requests for interpretations; intellectual property and patent policy guidance; and HSI's appeals process.

These Procedures govern the development of all standards published exclusively by HSI. All HSI standards development activities shall be conducted in accordance with these Procedures.

These Procedures also provide guidance that allows for the submittal of a candidate HSI standard for approval as American National Standards (ANS) including the option of International Organization for Standardization (ISO) standards.

These Procedures have been approved by the ANSI Executive Standards Council effective July 1, 2025.

☐ I have received, understand and agree to abide by the Healthcare Standards Institute (HSI) Standards Development Procedures

**Step 5:** Please provide any additional information or statements to be considered while reviewing your application for membership.



**Step 6:**

**Send completed application to:**

Email: [Info@hsi.health](mailto:Info@hsi.health)

Phone: 833-721-1475

**Wire Transfer Instructions:**

Please indicate your organization's name/address and indicate "New Client Deposit".

Please send your payment to: Healthcare Standards Institute, LLC

Bank Name: PNC Bank

- Bank Address: One Financial Parkway, Kalamazoo, MI 49009
- Bank Account Number: 4955626338
- Routing Number (bank code for wires): 041000124



## **Addendum A**

**You may add additional members to your company membership by filling out the information below for each member. Use additional pages as needed.**

Fees for Corporation: \$300.00 per member

Fees for Non-profit, hospitals or government agencies: \$200.00 per member

### **Authorized Representative**

**First Name:**

**Last Name:**

**Post-nominal Letters  
(if applicable)**

**Company Title:**

**Telephone Number:**

**Email address:**

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**Last Name:**

**Post-nominal Letters  
(if applicable)**

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(if applicable)**

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