APPLICATION FOR MEMBERSHIP

THE SUFFOLK COUNTY MEDICAL SOCIETY
AND
THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

County and state memberships are unified. Physicians may join the county society where they practice or where they reside.

COUNTY: **SUFFOLK**

NAME: _____
Last First MI

HOME ADDRESS: _____

_____ TEL # _____
City State Zip

OFFICE ADDRESS: _____

_____ TEL # _____
City State Zip

PREFERRED MAILING ADDRESS: ◯ Home ◯ Office FAX # _____ E-MAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ ◯ Male ◯ Female

MEDICAL SCHOOL: _____ YEAR OF GRADUATION: _____ ◯ MD ◯ DO

CHRONOLOGICAL LIST OF TRAINING, MILITARY SERVICE AND PRACTICE EXPERIENCE SINCE MEDICAL SCHOOL.
Please do not leave unexplained intervals and include all current hospital affiliations. Attach a separate sheet if neccessary.

DATES	HOSPITAL/LOCATION	POSITION/SPECIALTY

CURRENT HOSPITAL AFFILIATION: _____

NYS LICENSE # _____ DATE GRANTED: _____ SPECIALTY: _____

BOARD CERTIFIED? ◯ YES ◯ NO WHICH BOARD? _____ DATE ENTERED PRACTICE: _____

WORKER'S COMPENSATION RATING: _____ NUMBER: _____ DATE: _____

GROUP NAME (if applicable): _____ Does the group pay your dues? ◯ YES ◯ NO

LANGUAGES SPOKEN OTHER THAN ENGLISH: _____

Has your license to practice medicine ever been denied, suspended, revoked or voluntarily surrendered? ◯ YES ◯ NO

Have your privileges or employment at any health care facility or entity ever been denied, suspended, termindated, revoked or voluntarily surrendered? ◯ YES ◯ NO

Are you currently under investigation for medical misconduct by any medical society, hospital medical staff, or disciplinary, licensing or legal agency? ◯ YES ◯ NO

Have you ever been arrested or charged with any crime, offense or violation of law other than traffic violations? ◯ YES ◯ NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN ON A SEPARATE SHEET

Have you ever been a member of this or any other county medical society? ◯ YES ◯ NO COUNTY: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

RECOMMENDED BY: _____

☐ My dues payment is enclosed. Please make check payable to The Suffolk County Medical Society or use the Credit Card form.

Please enclose a copy of your current CV and REGISTRATION CERTIFICATE. RESIDENTS AND FELLOWS NEED NOT BE LICENSED TO JOIN. THE COUNTY SOCIETY MAY REQUIRE OR REQUEST ADDITIONAL INFORMATION.

PRINT **SUBMIT FORM**