

APPLICATION FOR MEDICAL SOCIETY MEMBERSHIP IN COLORADO

(Office Use Only: Dues have been received for: ___Component ___CMS ___AMA CMS # _____)

DIRECTIONS:

Please complete all parts of this application. A check must accompany this application and be mailed to: ADEMS, 8080 SouthPark Lane, Littleton 80120.

Please call 303.761.2887 for your dues quote. Please indicate which organization(s) you wish to join.

_____ Arapahoe-Douglas-Elbert-Medical Society (ADEMS) _____ Colorado Medical Society (CMS) _____ AMA

Name: _____ Sex _____
Last First Middle Degree (M/F)

Primary Office: _____
Street City State Zip

Phone: _____ Fax: _____ E-mail: _____

Present or anticipated local practice affiliation (e.g., name(s) of partners, group, etc.) and date you will begin active practice (if applicable): _____

Type of practice: ___Solo ___Same Specialty Group ___Multi Specialty Group ___Faculty ___Admin. _____

Home: _____ Phone: _____
Street City State Zip

For my mailing address, please use: () Office or () Home In CMS Directory, please list: () Office and/or () Home

Date of Birth: _____ Place _____ Spouse name: _____
Month/Day/Year City/State/County First Middle Initial Last

Colorado License: _____ Other State License(s): _____
Date Issued Number Date Issued/Number/State Date Issued/Number/State

Specialty: _____ Board Certification: _____
Certifying Board

Certification Number Month/Day/Year Recertification Date Expiration Date
Original Date of Certification

COLORADO HOSPITAL MEDICAL STAFF PRIVILEGES:

Full Name of Institution / City / State Began Mo / Yr - Ended Mo / Yr

Full Name of Institution / City / State Began Mo / Yr - Ended Mo / Yr

Full Name of Institution / City / State Began Mo / Yr - Ended Mo / Yr

PRACTICE HISTORY: (Include teaching appointments, military and public health service, private practice)

Location Specialty / Branch of Service Began Mo / Yr - Ended Mo / Yr

Location Specialty / Branch of Service Began Mo / Yr - Ended Mo / Yr

Location Specialty / Branch of Service Began Mo / Yr - Ended Mo / Yr

MEDICAL SCHOOL:

Full Name of Institution / City / State	Degree	Mo / Yr
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INTERNSHIP:

Full Name of Institution / City / State	Specialty	Mo / Yr
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RESIDENCY:

Full Name of Institution / City / State	Specialty	Mo / Yr
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Full Name of Institution / City / State	Specialty	Mo / Yr
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Foreign Languages(s) Spoken: _____

Have you ever been convicted of a felony? Yes _____ No _____

Have your hospital medical staff privileges ever been refused, revoked, suspended or reduced? Yes _____ No _____

Has your license to practice medicine ever been denied, restricted, suspended or revoked? Yes _____ No _____

Are there any judicial or regulatory actions pending which could result in denial, restrictions, suspension, or revocation of your license to practice medicine? Yes _____ No _____

Have you ever been expelled from or denied membership in a state or local medical society? Yes _____ No _____

Is there any pending review or disciplinary action with a state or local medical society regarding your membership? Yes _____ No _____

If you answered yes to any of the above questions, please explain on a separate page and attach to this application.

Have you previously been a member of the CMS or this component society: Yes _____ No _____ Date _____

Indicate if you belong to or have applied to any of the following county societies:

_____ Arapahoe-Douglas-Elbert Medical Society _____ Aurora/Adams County Medical Society
_____ Boulder Medical Society _____ Clear Creek Medical Society _____ Denver Medical Society

If elected to membership, I agree to conduct myself professionally and personally according to the AMA principles of Medical Ethics (enclosed) and to be governed and bound by the Constitution and Bylaws of the Society(ies) for which I am applying. Further, I hereby affirm that I have no physical, mental, or emotional condition which would impair my ability to provide an acceptable standard of medical care. I understand that submission of false or fraudulent information may result in denial of membership or expulsion from the society(ies). Also, I hereby release, and hold harmless from any liability or loss, the Society(ies) for which I am applying, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications. I hereby release any and all individuals, organizations, and agencies or their authorized representatives from any liability concerning information provided about my professional competence, ethical conduct, character, and other qualifications for membership.

Applicants Signature: _____ Date: _____

Recommended by: _____
Signature (Printed Names)