



APPLICATION FOR MEDICAL SOCIETY MEMBERSHIP

Advanced Practice Nurses & Physician Assistants of Southern Colorado

DIRECTIONS: Please complete all parts of this application. Dues payment must accompany your application along with a photo for the directory and website. For any questions, please contact 719-281-6073 or cheryl.law@puebloms.org.

Thank you for applying for membership!

Name: _____
Last First Middle Degree

License #: _____ Date of Birth: _____ Gender: Male _____ Female _____

Primary Office:

Address: _____
Street Suite# City State Zip

Phone: _____ Email: _____

Personal Information:

Address: _____
Street Suite# City State Zip

Phone: _____ Email: _____

Preferred mailing address: Office _____ Personal _____ / Preferred email address: Office _____ Personal _____

*****We will use your office address for the Directory and Website.***

Education and Training:

School or Education Level: _____

Year your initial Degree was achieved (only enter the year in YYYY format): _____

Are any of the following conditions currently in process or have they occurred since your last application, either on a ***voluntary** or **involuntary** basis: denied, revoked, suspended, reduced, limited, placed on probation, not renewed or relinquished for disciplinary reasons?

- Membership on any hospital/medical staff? Yes No
- Medical license in any state? Yes No
- Professional society membership? 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

(All "Yes" answers require full explanations on a separate page)

If elected to membership, I agree to conduct myself professionally and personally according to the AMA Principles of Medical Ethics and to be governed and bound by the Constitution and Bylaws of the society(ies) for which I am applying. Furthermore, 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).

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.

Applicant's Signature: _____ Date: _____

Please mail application and dues payment to:

1925 E. Orman Ave., Ste. A448, Pueblo, CO 81004

Once your application is approved, you will receive a dues receipt via your preferred email address.

Please attach your professional photo for use in our pictorial directory and Web site.

FOR OFFICE USE ONLY: The Board of Directors of the Society having fully considered this application and appropriate supporting documents recommends the following actions:

Accept ____ Reject ____ Signature: _____ Date: _____
Chief Executive Officer