

RHODE ISLAND ORTHOPEDIC SOCIETY

Date _____

Name _____
(last) (first) (middle)

Business Address _____
(street) (city) (state) (zip code)

Business Phone _____
(area code)

Date Began Practice _____

Marital Status _____ Spouse's Name _____

Home Address _____
(street) (city) (state) (zip code)

Home Phone _____
(area code)

Date of Birth _____ Place of Birth _____

What undergraduate college or colleges did you attend? Give dates.

What medical college did you attend? Give dates.

In what hospital did you serve as:

Intern _____
_____ From _____ To _____

Resident _____
_____ From _____ To _____

Assistant _____
_____ From _____ To _____

What Post-graduate studies have you pursued, where and when:

_____ From _____ To _____

_____ From _____ To _____

In what hospitals are you a staff member and/or have teaching appointments?

_____ Position _____

_____ Position _____

_____ Position _____

Are you a member of:

The American Medical Association _____ The American College of Surgeons _____

Date of Membership in the American Academy of Orthopaedic Surgeons _____

Date certified by the American Board of Orthopaedic Surgeons _____

Of what other medical societies are you a member?

We require that you be sponsored by three of our active members. We must receive a letter from each sponsor recommending your membership.

Name 1: _____

Address 1: _____

Name 2: _____

Address 2: _____

Name 3: _____

Address 3: _____

The above sponsors are to mail their letters directly to:

Rhode Island Orthopedic Society

235 Promenade Street, Suite 500

Providence, RI 02908

Have you ever applied to any medical organization and been refused?

To the best of your knowledge is there any professional or personal problem which would disqualify you from membership: _____

Your signature: _____

Date: _____

Action: Applicant notified of approval
