

RHODE ISLAND SOCIETY OF EYE PHYSICIANS AND SURGEONS

235 Promenade Street, Suite 500, Providence, Rhode Island 02908 (401) 331-1501

MEMBERSHIP APPLICATION

Please complete and return to the address listed above.

I hereby submit my application for membership in your society and set forth my professional qualifications below.

PLEASE PRINT

1. NAME _____

2. OFFICE ADDRESS _____

3. HOME ADDRESS _____

4. TELEPHONE NUMBER: HOME _____ OFFICE _____

5. MAILING ADDRESS (check one) OFFICE _____ HOME _____

6. DATE OF BIRTH _____ BIRTHPLACE _____

FEMALE _____

MALE _____

7. POST SECONDARY EDUCATION:

COLLEGE _____

(Name and location)

(Year/graduation)

Degree _____ Honors _____

8. MEDICAL EDUCATION:

Medical School _____

(Name and location)

(Year/graduation)

Honors _____

Post graduate training _____

(Name and location)

Dates of service _____

Fellowship _____

(Name and location)

Dates of Service _____

9. Subspecialty (primary) _____ (secondary) _____

10. Professional employment since residency in reverse chronological sequence. (Attach additional sheets if necessary.)

11. Type of practice (circle one): private group full-time staff government research other: _____

12. Military service: _____

(Dates of service)

13. Medical Society Memberships (current only) _____

14. Civic and Community Organizations _____

15. University appointments _____

16. Hospital affiliations (extent of privileges)

17. Have you ever received an official censure or reprimand from a medical society, board of medical review, peer committee or hospital? Has your license to practice medicine ever been revoked? Have you ever been committed of a felony? If yes, please explain.

18. Name of three ophthalmologists in good standing with the Society from your area who know and recommend you for membership _____

19. Are you now or have you ever been a party to malpractice litigation? If yes, please explain.

20. Are you certified by the American Board of Ophthalmology? Yes _____ No _____ Eligible _____

21. Date and registration number of Rhode Island license. _____

22. Dates and registration numbers of licenses in other states. _____

23. Other degrees or special honors _____

24. Scientific articles and other publications (attached additional sheets if necessary).

25. Spouse's Name _____ Spouse's Occupation _____

I certify that this information is true and correct to the best of my knowledge.

SIGNATURE

DATE