



# Application for Membership

The Academy of Medicine  
of Toledo & Lucas County &  
Ohio State Medical Association



\_\_\_\_ I am also interested in membership in the American Medical Association

Membership Category:

- \_\_\_\_ Active, Full-Time
- \_\_\_\_ Part-Time (<20 hrs./week)

<i>INTERNAL USE ONLY</i> Med. Ed. # _____
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(Please print or type)

First Name	Middle	Last Name	MD/DO
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Date of Birth	Birthplace	Naturalization Date/Loc. (if applicable)
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Practice/Group Name

Primary Office Address	City	State	ZIP Code
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Primary Office Telephone	Office Fax	Office E-Mail
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Home Address	City	State	ZIP Code
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Home Telephone	Home Fax	Home E-Mail
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Preferred Mailing Location:     Office     Home                      Gender:     Male     Female

Spouse Name

### Medical Licensure (please include copy of wallet-sized license with application)

Ohio License No.	Expiration Date
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Have you been or are you currently licensed in another state/province? If yes, please provide locations, numbers and dates.

State/Province	License No.	State/Province	License No.	State/Province	License No.
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### Medical Education

Medical School	City	State	Graduation Date
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Internship - Institution	City	State	Dates	Specialty
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Residency - Institution	City	State	Dates	Specialty
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Residency - Institution	City	State	Dates	Specialty
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Fellowship - Institution	City	State	Dates	Specialty
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Primary Practice Specialty	Board Certification
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Secondary Practice Specialty	Board Certification
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Date entered active practice: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
Past County/State Medical Society Membership(s)

\_\_\_\_\_  
Current Hospital Appointments (names, location, dates)

\_\_\_\_\_  
Previous Hospital Appointments (names, locations, dates)

Has your license to practice medicine in any jurisdiction ever been denied, restricted, limited, suspended or revoked; have you ever been reprimanded by a licensing agency; or have you ever surrendered your license?

\_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, please explain \_\_\_\_\_ - \_\_\_\_\_

Have you ever been convicted of a felony or are you present;y under indictment?

\_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, please explain \_\_\_\_\_ - \_\_\_\_\_

**Please initial the line next to each statement to confirm agreement and sign below.**

\_\_\_\_\_ I hereby certify that I am a legally registered physician, residing or practicing in the County of \_\_\_\_\_ in the State of \_\_\_\_\_ and that I have not been convicted of a felony. If accepted as a member, I agree to abide by the Constitution and Bylaws of The Academy of Medicine of Toledo and Lucas County and the Ohio State Medical Association, and the Principles of Medical Ethics of the American Medical Association.

\_\_\_\_\_ I understand that conviction of fraud or a felony, or actions involving revocations, suspension, limitation, probation, or any other sanctions or conditions imposed upon a license to practice or disciplinary action by any other medical society or hospital staff, after due notice and hearing, may result in censure, suspension or expulsion of a member. The Health Care Quality Improvement Act requires professional societies to report certain professional review actions that adversely affect membership, including denial of membership, to the National Practitioner Data Bank.

\_\_\_\_\_ I understand that additional information may be requested by the county medical society in order to complete the application process.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please include the following with your application:**

- Copy of your Ohio Medical License**
- Current Curriculum Vitae**
- Photo (or email digital image to joey.begeman@gmail.com)**
- Copy of any Board Certifications**

**FOR OFFICE USE ONLY. Please DO NOT write below this line. Academy of Medicine Approval:**

Name \_\_\_\_\_ Office/Title \_\_\_\_\_

Date received by The Academy \_\_\_\_-\_\_\_\_-\_\_\_\_ Type of Membership \_\_\_\_\_

Date of first reading by Council \_\_\_\_-\_\_\_\_-\_\_\_\_ Date action taken by Judicial & Internal Affairs Commission \_\_\_\_-\_\_\_\_-\_\_\_\_

Recommendation \_\_\_\_\_

Approved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action of Council \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_

Election to Fellowship: Action of Council \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_