MEMBERSHIP APPLICATION

❑ Yes. I want to apply for membership. Please process my membership today.

PERSONAL INFORMATION

Last Name (as shown on medical license)	First	Middle	Degree (MD, DO)	Gender (M, F)

Home Address	City	State	Zip

Telephone	Fax	E-mail	Birth Date (mm/dd/year)	ME # if known
(____)_____	(____)_____			

NPI Number	Spouses full name

PROFESSIONAL PRACTICE INFORMATION (IF APPLICABLE)

Iowa Medical License Number	Date License Expires (mm/dd/year)	Primary Specialty (ies)	Year of Board Certification

Clinic Name

Address

City/State/Zip

Name of Medical School Attended

Preferred Mailing Address ☐ Office ☐ Home

(____)_____ Telephone

(____)_____ Fax

E-mail

Date of Graduation

MEMBERSHIP APPLICATION AND QUALIFICATION QUESTIONS

Members abide by the AMA Principals of Medical Ethics and the bylaws of the Associations. To assist us in upholding these standards, please provide answers to the following questions, sign and date.

If you answer yes to any of these questions, please attach full information.

Yes	No		
❑	❑	1.	Have you ever been convicted of fraud or a felony?
❑	❑	2.	Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation, or any imposed sanctions or conditions.
❑	❑	3.	Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?

I am aware that information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information.

I understand that any false or misleading statement made on my application may be grounds for denial of membership or probation or censure by, or suspension or expulsion from the medical society (ies).

The foregoing information is true and complete.

Signature Date

Recruited by:

RETURN INFORMATION

Please submit application to: Polk County Medical Society, 1520 High Street, Des Moines, IA 50309