NEW YORK SOCIETY OF COLON AND RECTAL SURGEONS, INC.

Application for Membership

NAME _____
(Last) (First) (Middle)

ADDRESS _____

PHONE _____ E-MAIL _____

PLACE & DATE OF BIRTH_____

A. FORMAL EDUCATION:
   1. Premedical (institution, degree, date obtained): _____
      _____
   2. Medical (institution, degree, date obtained): _____
      _____
   3. PGY-1 (institution, dates): _____
      PGY-2 (institution, dates): _____
      PGY-3 (institution, dates): _____
      PGY-4 (institution, dates): _____
      PGY-5 (institution, dates): _____
      PGY-6 (institution, dates): _____
      Program Director(s): _____
   4. Residency in C&R surgery (institution, inclusive dates): _____
      _____
      Program Director: _____

B. CERTIFICATION: Eligible Diplomate Date
   1. Amer. Board of Surgery _____
   2. Amer. Board of C&R Surgery _____
   3. Other (please provide details) _____

C. SOCIETIES:
   1. Amer. College of Surgeons
   2. Amer. Society of C&R Surgeons
   3. List other societies on separate sheet

D. PRACTICE & EXPERIENCE:
   1. Academic Appointment (details): _____

_____

_____

2. Hospitals or institutions you are affiliated with: _____

_____

_____

3. In which States are you currently licensed to practice medicine? _____

_____

4. What percentage of your practice is devoted to the management of:
   A/R disease _____; C/R disease _____; general surgery _____;
   colonoscopy _____; other endoscopy _____;
   other practice (please give details) _____

_____

_____

E. CURRENT ACTIVITIES:

1. Please provide titles and references for any publications within the past three years (attach separate sheet if necessary): _____

_____

_____

2. What educations programs and courses applicable to C&R surgery have you attended or participated in during the past three years (attach separate sheet if necessary):

_____

_____

_____

F. ENDORSEMENT

Please request letters of endorsement from two Fellows of the New York Society (to be sent with application to the Secretary)

1. _____
2. _____

If accepted for membership, I agree to be governed by the Charter and By-laws of the New York Society of Colon and Rectal Surgeons, Inc.. I also agree not to participate in fee splitting or any other form of unethical medical practice, fully understanding that violation of this agreement shall render me liable to charges of unprofessional conduct.

_____

(Signature)

_____

(Date)

Attach photograph in this
space (optional)