



AMERICAN OSTEOPATHIC COLLEGE OF ANESTHESIOLOGY

2260 East Saginaw Street, Suite B
East Lansing, Michigan 48823

Phone: 800-842-AOCA
Fax: 517-339-0910

Application for Membership

THIS APPLICATION FORM MUST BE TYPEWRITTEN

NAME:
Last First Middle

ADDRESS: StreetCityStateZip Code

PLACE AND DATE OF BIRTH:

I hereby make application for Membership and enclose the application fee in the appropriate amount. (*See next page.)

Member of the A.O.A.?A.O.A. No.Date joined

Academic degrees Year College

Osteopathic degree Year College
(Enclose Documentary Evidence)

Internship (Name and location of hospital)

.....Exact Dates.....
(Enclose Documentary Evidence)

Residency: (Name and location of hospital)

.....Exact Dates.....
(Enclose Documentary Evidence)

Specialty Training: (Give details - where - when)

.....

.....
(Enclose Documentary Evidence)

How many anesthetics have you performed on your own responsibility during the last calendar year?

Number of years in actual practice of Anesthesiology?

Do you specialize in Anesthesiology?Do you combine Anesthesiology and General Practice?

Hospital Affiliations: (Give staff appointments, city, state and telephone numbers)

.....Dates

..... Dates

I hereby certify that the above statements made by me are true to the best of my knowledge and belief; and that I shall give every possible aid to the Evaluating and Membership Committee in its investigation of my qualifications as an anesthesiologist, knowing as I do that only an organization built upon a firm foundation can long endure; and furthermore, if I am elected to Membership in the American Osteopathic College of Anesthesiologists, I promise to abide by and uphold the Constitution, Bylaws, and Rules and Regulations of the American Osteopathic College of Anesthesiologists.

Date Signed,

*The appropriate application fee must accompany this application. This fee shall not include the dues for the current year, if the applicant is elected to membership. This fee is non-refundable. No additional fee shall be required if the applicant is deferred for one year. The sponsors shall send their letter directly to the Secretary of the College.

ENDORSEMENT OF APPLICATIONS

Applications for membership in this College shall be endorsed as follows:

ACTIVE MEMBERSHIP (\$75.00)

By a voting member of this College who is personally acquainted with the applicant and who is practicing anesthesiology in the same area, if such exists.

RESIDENT MEMBERSHIP (\$20.00)

By a member of this College who is in charge of the training program of the applicant.

This is to certify that I have reviewed that application of

Dr

for membership in the American Osteopathic College of Anesthesiologists and consider the applicant's qualifications worthy of the favorable consideration of the Board of Governors.

Write Name on back and
Attach 2 x 2
Passport Style
Photograph Here

Signed Date Member - A.O.C.A.

OFFICE USE ONLY

Application mailed _____ Application rev'd _____ Credentials and Fee rec'd.....

Application approved by Evaluating and Membership Committee.....

Recommendations of Committee: _____ Active _____ Resident Membership

Signed

(Chairman)