
RECORD OF MEDICAL EDUCATION AND PRACTICE

Medical Education

College, Degree, Date: _____

Medical College, Degree Date: _____ ECFMG # _____

Chronological account of applicant's training, military service and practice since graduation from medical school. Include Internship, residency and postgraduate study. Please leave no unexplained interval in sequence of dates, or attach explanation.

HOSPITAL	SERVICE	POSITION HELD	DATES	
			FROM	TO

PRESENT HOSPITAL AND CLINIC AFFILIATIONS; _____

NATIONAL MEDICAL ASSOCIATION MEMBERSHIPS: _____

In applying for membership, I agree to comply with the bylaws, rules and regulations of the county society, the MSSNY Second District Branch and the Medical Society of the State of New York:

Date

Applicant's Signature

This application MUST be submitted with dues payment to the treasurer of the county medical society.

To the NASSAU COUNTY MEDICAL SOCIETY:

The undersigned active members of this county medical society, having read this application, recommend the applicant for election to membership:

_____ MD/DO _____ MD/DO
(Please print name under signature) (Please print name under signature)

REPORT OF THE BOARD OF CENSORS

I hereby recommend that this application be:

(Approved) (Rejected) _____ Date: _____

(Approved) (Rejected) _____ Date: _____