## CHICAGO PEDIATRIC SOCIETY

## MEMBERSHIP APPLICATION

Name:				M.I	O. or D.O.	
First	Middle or Maiden		Last			
Street		City	State	Zip Cod	e	
Telephone Number: (	)		Sex: □ ma	ale 🗖 fema	le	
Birthdate:// _	State Where Licen	nsed:				
Has your medical license ev	er been revoked, suspended,	or restricted	? □ yes □ nc	)		
MEDICAL SCHOOL						
Institution	Location I			_ Dates	Dates	
RESIDENCY				mo	nth/year	
	Taratian			Datas		
Institution	nstitution Location		Dates month/year			
spent in the military*	cal history of events from med the chronology, please use a t attach Curriculum Vitae.					
Type of Prof. Act.	Hospital Location	on Da	ate Started	Date Cor	npleted	
*If currently in Armed Force	es: Branch	_ Rank	Date	e:/	/	
BOARD CERTIFICATIO	N: □ yes □ no					
Specify Board			Date	e:/	/	
PRACTICE: (percentage i	n each category of profession	nal time curre	ently devoted to	pediatrics)		
Practice Te	aching Admi	nistration	Res	search		
Present Teaching Position as	nd Rank	Fu	ıll Time: 🔲 yes	s 🗖 no		
Institution(s)						

HOSPITA	AL STAFF POSITIONS				
Primary:	Institutions	☐ Active Staff or ☐ Courtesy Staff			
	Location	How Long?			
	Chief of Pediatrics	Chief of Staff			
Other:	Institutions	☐ Active Staff or ☐ Courtesy Staff			
	Location	How Long?			
Have you	ever had hospital staff privileges denied, restricted	or rescinded? □ yes □ no			
If yes, deta	ail on separate page.				
MEDICAL SOCIETY MEMBERSHIPS: (Specify if an officer)					
•	ertify that all information recorded on this applicat ny qualifications for membership in the Chicago Po	· · · · · · · · · · · · · · · · · · ·			
		Date/			
	Personal signature of applicant				
Mail to:	: Chicago Pediatric Society, 515 North Dearborn, Chicago, IL 60654				
Fax to:	312-670-3646				
Email:	jcox@cmsdocs.org				
Dues are \$100.00 per year—Checks can be made payable to address above					
For Office Use					
EXECUT	TIVE COMMITTEE:				
1		l			
2		5			
3		j			
Presented	before membership on// Approv	ed Denied			