ARIZONA SOCIETY OF EYE PHYSICIANS & SURGEONS

MEMBERSHIP APPLICATION

NAME: _____
(Last) (First) (Middle)

MAIN PRACTICE ADDRESS: _____

OTHER PRACTICE LOCATIONS (NAME OF CITY[IES]ONLY): _____

_____

HOME ADDRESS: _____

E-MAIL:_____ WEBSITE_____

TELEPHONE: (OFFICE)_____ (HOME) _____

FAX: (OFFICE)_____ (HOME) _____

PREFER MAIL SENT TO: HOME_____OFFICE_____

MEDICAL LICENSE #:_____ STATE:_____ DATE: _____

Primary BOARD

SPECIALTY:_____CERTIF.? ☐ Y or ☐ N DATE: _____

Other Interests or Specialties (such as glaucoma, Lasik, etc.)

INTEREST OR SPECIALTY: _____

INTEREST OR SPECIALTY: _____

INTEREST OR SPECIALTY: _____

MEDICAL SCHOOL: _____

DEGREE:_____ YEAR OF GRADUATION: _____

INTERNSHIP: _____DATES:_____to _____

RESIDENCY: _____DATES:_____to _____

_____DATES:_____to _____

FELLOWSHIP(S):_____DATES:_____to _____

_____DATES:_____to _____

AZ HOSPITAL PRIVILEGES: _

_____

MEMBERSHIPS HELD IN OTHER MEDICAL ASSOCIATIONS:

☐ American Academy of Ophthalmology ☐ American Medical Association ☐ Arizona Medical Association

OTHER _____

_____

CURRENT PRACTICE (Practice name, hospital, clinic, etc. and dates):

_____

PLEASE LIST ANY CURRENT BUSINESS PARTNERS AND/OR ASSOCIATES:

1._____ 3._____
Name Name

2._____ 4._____
Name Name

NAME AND CONTACT INFORMATION OF AN ACTIVE SOCIETY MEMBER IN GOOD STANDING THAT WE CAN CONTACT TO PROVIDE A LETTER OF RECOMMENDATION FOR YOUR APPLICATION.

1._____
Name

_____
Email (preferred) or Mailing Address

By signature of this application: I agree to abide by the policies set forth in the Arizona Society of Eye Physicians and Surgeons' Policy Manual and conform to the Code of Ethics of the Arizona Society of Eye Physicians and Surgeons. A signed copy of the Code of Ethics must be included with the application, along with a current CV.

APPLICANT'S SIGNATURE: _____

DATE: _____

PLEASE COMPLETE AND RETURN WITH CV AND SIGNED CODE OF ETHICS TO:

ARIZONA SOCIETY OF EYE PHYSICIANS AND SURGEONS
2401 W Peoria Ave Ste 130, Phoenix, AZ 85029
ophthalmology@azmed.org

Date Approved by ASEPS: _____