

TULSA COUNTY MEDICAL SOCIETY APPLICATION FOR STUDENT MEMBERSHIP



TULSA COUNTY
Medical Society

5315 S. Lewis Ave Tulsa, OK 74105-6539 - Phone: 918-743-6184 Fax: 918-743-0336
Website: www.tcmsok.org - Email: tcms@tcmsok.org

Physicians Advancing Health Care

Preferred Way to be contacted, mark all that apply: Fax: ___ Email: ___ Phone: ___ Mail: ___

Name _____
Last First Middle Suffix

Other Name(s) By Which You Have Been Known _____

Dates This Name Was Used From ____ - ____ - ____ to ____ - ____ - ____

Your Mailing Address _____
No. and Street City State Zip

Telephone Number: _____ Cell Phone: _____

Fax Number (_____) _____ Email Address _____

Social Security Number _____ - _____ - _____ Birth Date _____ - _____ - _____

Place of Birth _____ Citizenship _____

Gender: ___ Male ___ Female Foreign Languages Spoken _____

Marital Status ___ Married ___ Single Spouse Name _____

EDUCATION

Name of Medical School You Are Currently Attending: _____

Expected Date of Graduation: _____

Pre-Medical Schools Attended: (Give Dates and degree received) _____

I, the undersigned applicant, hereby certify that I understand that membership in Tulsa County Medical Society is a privilege and not a right. If this application is approved and I am granted the privilege of membership, I hereby agree to abide by the provisions of the Constitution and By-Laws of Tulsa County Medical Society.

Signature _____

Date approved by Board of Directors: _____



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TCMS STUDENT AFFIRMATION STATEMENT

APPLICATION FORM

I agree to complete the application form furnished to me by Tulsa County Medical Society and attest, by signature below, to the correctness of the information provided on the form.

TRUE & COMPLETE APPLICATION

I confirm that all information contained in my application for membership in Tulsa County Medical Society is true and complete to the best of my knowledge and belief. I understand that any significant misstatements in or omissions from this application can be cause for denial or revocation of membership.

I understand that this application must be accompanied by this waiver or the application is considered incomplete.

BURDEN OF PROOF

By making application, I agree to be present for an interview if requested. I understand that I have the burden of producing adequate information for proper evaluation of my training, professional reputation and moral conduct, and any other areas that may be requested in accordance with my application.

ABIDE BY BYLAWS

I agree to be bound by the terms of the Constitution and Bylaws of Tulsa County Medical Society. The bylaws are available on the TCMS website at www.tcmsok.org or by calling 918-743-6184 and requesting a copy.

RELEASE FROM LIABILITY

I understand that Tulsa County Medical Society is responsible for evaluating my qualifications for membership, and is obligated to make inquiries as may be necessary to make a decision on my membership.

I hereby authorize and consent to the release of information by this Society to other healthcare organizations regarding any information the Society may have concerning me as long as such release of information is done in good faith and without malice, and I hereby release from liability this Society for so doing.

I further authorize and consent to the release of information about me from other healthcare organizations to TCMS as long as such release of information is done in good faith and without malice.

DATA BANK

I understand that information may be requested from and/or reported to the National Practitioner Data Bank regarding my application and/or membership.

Signature

Date