

APPLICATION FOR MEMBERSHIP

Return this application along with dues payment to:
 Utah Medical Association, Mbrshp: 310 E 4500 S Ste 500, Salt Lake City, UT 84107.4250
 Questions? Call 801.747.3500, Fax 801.747.3501, Email uma@utahmed.org



UMA

1. Personal Information

Sex: MALE FEMALE Degree: MD DO other (specify): _____ Med Stu Res/Fel

REQUIRED - APPLICANT E-mail

| | | | |
|--|------|-------------------------------------|---------------------------|
| NAME - Last / First / Middle (as shown on medical license) | | Maiden name (if applicable) | Spouse name |
| Home address | | City / State / Zip | Spouse cell |
| Phones: CELL | Home | REQUIRED - Birthdate (M/D/Y) | Birthplace (City / State) |
| | | Spouse email | |

2. Professional Practice Information

| | | |
|------------------------------|---------------|--|
| Specialty: | Subspecialty: | <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> None |
| Name of Practice or Clinic : | | Preferred DIRECTORY address |
| Office address: | | <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> None |
| City / State / Zip: | | Preferred BILLING address |
| Office phone: | Fax: | <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Billing |

Send dues invoice to my PRACTICE MANAGER (manager information below)

| | |
|--------------------------------|--------|
| Name / Title: | Phone: |
| REQUIRED - PR MGR Email | Mail: |

| | | | |
|--------------|-----------------|-----------------------------|--|
| UT Med Lic # | Board cert & yr | Language other than English | Hospital Privileges (<i>active staff only</i>) |
| | | | 1. 2. 3. 4. |

3. Medical Education

| | Facility or Organizaon | City | State | From Yr / To Yr |
|------------|------------------------|------|-------|-----------------|
| Med School | | | | |
| Internship | | | | |
| Residency | | | | |
| Fellowship | | | | |

4. REQUIRED - Membership Qualification Questions - Check applicable boxes. If answer is "Yes" to these questions, please attach full information.

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

1. Have you ever been convicted of fraud or a felony?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

2. Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine or prescribe controlled substances? This includes actions involving revocation, suspension, limitation, probation, or any other imposed sanctions or conditions?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

3. Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?

I have read and agree to abide by the AMA Principles of Medical Ethics (2008/2009 Edition), the UMA Economic Code of Medical Ethics for Utah Physicians (Principles and Code can be found at www.utahmed.org/docs/principl.pdf), and the Bylaws of the Utah Medical Association and your county society, if your application for membership is accepted (Bylaws can be found at www.utahmed.org/docs/bylaws.pdf).

BY SUBMITTING THIS APPLICATION, YOU HEREBY:

- 1) release, and hold harmless from any liability or loss, your county medical society and the Utah Medical Association, their officers, agents, employees, and members for acts performed in good faith and without malice in connection with evaluating your application and your credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the above named organizations, or to their representatives, concerning your professional competence, ethical conduct, character and other qualifications for membership; and
- 2) accept that conviction for fraud or a felony, any licensure actions, or any disciplinary action taken by a hospital staff or medical society, after appropriate notice and hearing, may result in censure, suspension, or expulsion from membership in the Utah Medical Association and county medical society. The federal government requires professional societies to report actions that adversely affect membership, including denial of membership, to the National Practitioner Data Bank; and
- 3) consent to receive communications sent by or in behalf of the Utah Medical Association or your county medical society via email, regular mail, telephone, or fax.

| | | |
|---------------|-------|----------|
| 5. Signature: | Date: | [OVER->] |
|---------------|-------|----------|

If applicable, REFERRED by (UMA physician member name):

Dues Worksheet

Check the categories appropriate to your current practice status in Sections A and B below; add together for total.

NOTE 1: Membership in the Utah Medical Association requires membership in the Medical Society of the county in which you reside or practice.

NOTE 2: **Call UMA for possible pro-rated dues rates.**

A. REQUIRED: Utah Medical Association Dues (see NOTE 2 above)

- \$460 Full Members
- \$230 New Full Member (first year of membership)
- \$230 First / Second year in practice
- \$230 Full Time Military
- \$230 Part-time Practice (<20 hrs/wk)
- \$20 Resident / Fellow - 2nd yr>
- \$0 Medical Student thru 1st yr Intern
- \$345 Affiliate (DDS, PA, PharmD, NP, Out of State)
- \$50 Retired from medical practice

\$ Your UMA Dues

B. REQUIRED: County Society Dues (see Note 2 above)

- \$0 Box Elder (*inactive*)
- \$20 Cache Valley (*includes Rich County*)
- \$50 Carbon-Emery Counties
- \$125 Central Utah (*includes Piute, western Sanpete, Sevier, and Wayne counties*)
- \$125 Davis - *full practice*
- \$50 Davis - *retired*
- \$0 Iron (*includes Beaver, Garfield, and Iron counties (inactive)*)
- \$0 Medical Student Section thru 1st yr Intern
- \$20 Resident / Fellow Physician Section - 2nd yr>
- \$145 Salt Lake - *full practice*
- \$73 Salt Lake - *part-time practice <20 hrs/wk*
- \$29 Salt Lake - *retired <65 y/o*
- \$125 Skyline (*eastern Sanpete County*)
- \$0 Southeastern Utah (*includes Grand and San Juan counties (inactive)*)
- \$50 Summit-Wasatch Counties
- \$0 Tooele (*inactive*)
- \$0 Uintah Basin (*includes Daggett, Duchesne, and Uintah counties (inactive)*)
- \$100 Utah (*includes Juab, Millard and Utah counties*)
- \$125 Washington (*includes Kane County - full practice*)
- \$63 Washington - *part-time practice <20 hrs/wk*
- \$50 Washington - *retired*
- \$150 Weber - *full practice*
- \$75 Weber - *part-time practice <20 hrs/wk*
- \$75 Weber - *retired*

\$ Your County Dues

\$ TOTAL DUES **REQUIRED:** UMA + County Society

UMAHOUSEOFDELEGATESREPRESENTATION

Choose **1** from the groups below that best apply to you.

| currently Chartered SPECIALTY SOCIETY | |
|--|---|
| MS / RES/FEL | Academic: Medical Student Section / Resident/Fellow Section |
| RET | Retired: no longer in practice |
| AN | Utah Society of Anesthesiologists |
| D | Utah Society of Dermatologic Med & Surg |
| EM | American Col of EM Med, Utah Chapter |
| FP | Utah Academy of Family Physicians |
| GS | American Col of Surgeons, Utah Chapter |
| IM | American Col of Physicians, Utah Chapter |
| OBG | American Col of OB/Gyn, Utah Section |
| ONC | SUMO - Society of Utah Med Oncologists |
| OPH | Utah Ophthalmology Society |
| ORS | Utah Orthopedic Society |
| OTO | Utah State Society of Otolaryngology |
| P | Utah Psychiatric Association |
| PD | American Acad of Pediatrics, Utah Chapter |
| PS | Utah State Plastic Surgery Society |
| PTH | Utah Society of Pathologists |
| RD | Utah State Radiology Society |
| U | Utah Urological Society |
| NONE | NONE OF THE ABOVE |

| Qualified MODE OF PRACTICE | |
|---|--|
| Academic: Medical Student / Resident/Fellow | |
| EPIC - Emergency Physicians Integrated Care | |
| Granger Medical Clinic | |
| Intrmtn: Cache Valley | |
| Intrmtn: Central Rural | |
| Intrmtn: Central Salt Lake | |
| Intrmtn: Central Utah | |
| Intrmtn: North SL / South Davis | |
| Intrmtn: South Salt Lake | |
| Intrmtn: Southwest Utah | |
| Intrmtn: Utah Valley | |
| Intrmtn: Weber / North Davis | |
| Mountain Medical Physician Specialists | |
| Mountain West Anesthesia | |
| Ogden Clinic | |
| Pediatric Anesthesiologists Inc | |
| Tanner Clinic | |
| UEP - Utah Emergency Physicians | |
| University of Utah Department of Anesthesiology | |
| OTHER: Solo / Not Listed Above / Retired | |

Credit Card Payment Information

Applicant name: _____

Check one: Visa Master Card AMEX Novus / Discover Amount Authorized: \$ _____

Credit Card Number: _____ - _____ - _____

Expiration Date: ____ / ____ Security Code: _____
mo yr

Name as it appears on card: _____

Email receipt to: _____