



Membership Application

Return 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 x225
 fax 801.747.3501, email uma@utahmed.org

***ASTERISK = REQUIRED**

1. Personal Information – <i>NOT DISCLOSED WITHOUT APPLICANT'S CONSENT</i>			
*EMAIL		*cell ph:	home ph:
Applicant Name	*first/middle/last:		maiden:
*Birth/Sex	*dob:	City/state of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____
Training	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> other- specify _____		<input type="checkbox"/> Resident / Fellow <input type="checkbox"/> Student
Home Address		c/s/z:	
Spouse	first/middle/last:	cell:	email:

2. Professional Practice Information	
Specialty	subspc:
Practice/Clinic	
Office Address	c/s/z:
Office Phone	fax:
Preferred Contact	MAIL: <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> none DOCBOOK: <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> none INVOICE: <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> billing
Language (not EN)	hosps w/active prvl:
DOPL License #	board cert spec/yr:

Practice Manager	name / title:
Billing Address	*email: _____ manager phone: _____

3. Medical Education	Facility or Organization	City	State	From Yr / To Yr
Med School				
Internship				
Residency 1				
Residency 2				
Fellowship				

4. *Membership Qualification Questions – check applicable responses. If “Yes” to questions 1 - 3, attach full information.	
YES <input type="checkbox"/> NO <input type="checkbox"/>	1. Have you ever been convicted of fraud or felony?
YES <input type="checkbox"/> NO <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?
YES <input type="checkbox"/> NO <input type="checkbox"/>	3. Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?
YES <input type="checkbox"/> NO <input type="checkbox"/>	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/principi.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 hereby release from any liability any and all individuals and 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. APPLICANT signature:	date:
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