

MEMBERSHIP APPLICATION

NEVADA OSTEOPATHIC MEDICAL ASSOCIATION
405 Max Court, Suite K ~ Henderson, Nevada 89015
(702) 434-7112 ~ Fax (702) 434-7110
nvoma@earthlink.net ~ www.nevadaosteopathic.org

PLEASE TYPE OR PRINT

Name: Last First Middle Initial

DOB: State License # AOA #

Check preferred mailing site but supply home and office address

Office _____

Home _____

Office phone _____ Home Phone _____

Fax number _____ **EMAIL** _____

If married please provide your spouses name: _____

Area of Practice (specialty) _____

Board Certified _____ By _____ OMT Yes No

Current Practice Status:

Full Time Part Time Active Practice Faculty Resident Intern Retired

I would be interested in:

mentoring preceptorship allowing a student to shadow accepting undergraduates

Pre-Osteopathic College Degree Year

Osteopathic College Graduation Year

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE GIVE FULL DETAILS (USE SEPARATE SHEET OF PAPER, IF NEEDED)

- A. Has your license to practice medicine in any jurisdiction ever been voluntarily or involuntarily limited, suspended or revoked? Yes No
- B. Have any complaints been filed against you with reference to your practice? Yes No
- C. Have your privileges at any hospital ever been revoked or involuntarily suspended, diminished, revoked or not renewed? Yes No
- D. Have you been convicted of a felony? Yes No

Details: (please use additional sheet of paper if necessary): _____

