

No.	Item	Applicant's Information
1	Index No.	<i>(this item for office use only)</i>
2	Title (Dr, Mr, Mrs, Ms)	
3	First Name	
4	Middle Name	
5	Last Name	
6	Suffix (Sr, Jr, III, etc.)	
7	Degree(s)	
8	Gender	
9	Birthdate (MM/DD/YY) Year Only is Publically Available	
10	Primary Specialty (ABMS or AOA only)	
11	Certified Primary Specialty Y/N ?	
12	Secondary Specialty (ABMS or AOA only)	
13	Certified Secondary Specialty Y/N?	
14	Tertiary Specialty (ABMS or AOA only)	
15	Certified Tertiary Specialty Y/N ?	
16	Additional Specialty (ABMS or AOA only)	
17	Certified Additional Specialty Y/N?	
18-19	Practice Name or Group and Date Joined/Began	
20	Practice Address (Primary)	
21-23	Practice City, State, Zip	
24	Practice Phone	
25	Practice Fax (to be available only to MCMS members)	
26	Practice E-Mail Address for "Public" Availability	
27	Practice Web Site Address	
28	SecondLanguage	
29	OtherLanguages	
30-31	Medical School and Graduation Year	
32	Internship/Residency1 (Institution and Year)	
33	Residency2 (Institution and Year)	
34	Residency3 or Fellowship (Institution and Year)	
35	Professional Society/College Membership/Fellow (up to 3)	
36	Special Medical Interest or Practice Focus; Special Qualifications and Certifications; Secondary Practice Sites, and Special Notes:	

Page One of Two (Please complete both pages)

The following is personal information not to be accessible by the public and will be restricted to members only.

No.	Item	Applicant's Information (continued)
37	SpouseTitle (Dr, Mr, Mrs, Ms)	
38	Spouse First Name	
39	Spouse Middle Name	
40	Spouse Last Name	
41	Spouse Suffix (Sr, Jr, III, etc.)	
42	Spouse "Nick" Name	

43	Spouse's Degree(s)	
44	Home Address	
45	Home City	
46	Home State	
47	Home Zip	
48	Home Phone	
49	Personal e-mail (MCMS needs this for contact)	
50	NC Medical Board License Number	
51	Date Current NCMB License Issued	
52	Applicant's preferred "greeting" or "nick-name"	
53	Type of Practice: Active, Teaching, Retired, Semi Retired, Resident, etc.	
54	Options for Publication: -Please check an option 1 through 4, below.	<i>For office use only</i>

Personal information will not be available to the public but may be used for MCMS member access in the MCMS directories or Member Only access on the MCMS Website. If you have extreme concerns for privacy and wish that even your fellow members of the MCMS not access your personal information, please check # 5, also.

	1 = List me as accepting new patients from MCMS Physician Locator Service.
	2 = Do not list me as accepting patients from MCMS Physician Locator Service.
	3 = Restrict my information to member-only retrieval (retired, resident, not in active practice, other)
	4 = Do not publish any information about me. I wish to remain anonymous.
	5 = I do not want fellow members of the MCMS to access any of my personal information.

If elected to membership, I agree without reservation to conduct myself professionally and personally according to the principles of the medical ethics of the American Medical Association and to be governed by the Constitution and by-laws of the Mecklenburg County Medical Society and North Carolina Medical Society.

Signed: _____ Date: _____

Reviewed by: _____ Date: _____
Mecklenburg County Medical Society Secretary

Date approved by MCMS Board of Directors: _____

Mecklenburg County Medical Society Executive Director