PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICA

APPLICATION FOR ACTIVE MEMBERSHIP

DEADLINE: DECEMBER 1

About Yourself

Name:____

Home Address:____

City, State, Zip:____

Country:______________________________________Home Phone:_______________________

Date of Birth:__________________Birthplace:____________________Citizenship:_____________

Spouse's Name (optional):____

Specify address to which mail is to be directed: ☐ office ☐ home

Office Address:____

City, State, Zip:____

Country:____

Office Phone: ___________________ Fax: ____________________ E-Mail: ____________________

Medical College:___________________________Degree:_________________Date:_____________

City/State/Country:____

Date you were certified by the American Board of Orthopaedic Surgeons, the Royal College of Physicians and Surgeons, or the American Osteopathic Board of Orthopaedic Surgery: __________

Date you began your Pediatric Orthopaedic practice: __________

Date you began your Pediatric Orthopaedic practice in your present position: __________

What percentage of your total clinical practice involves Pediatric Orthopaedics? __________

Resident Training in Orthopaedic Surgery:

Institution	**Location/Date**

Other Post-Graduate Study, including Fellowships:

Institution	**Location/Date**

Please list all Hospitals with which you have privileges:

Institution	**Location/Date**

Teaching Affiliations:

Please list your subspecialty interests (i.e., hand, sports, spine, hip, neuromuscular, tumor, foot, UE, etc.)

Primary ______________________ Secondary ___________________________

Licensed to practice in the following States or countries: (Give dates) ___________________

Have you ever had your license revoked or restricted in any way? ☐ YES ☐ NO

Have you ever lost your privileges to practice at a hospital? ☐ YES ☐ NO

IF YES, EXPLAIN ON A SEPARATE SHEET.

Additonal Data (Attach a separate sheet if additional space is required)

Medical Society Memberships: (List any office or committee appointment you hold or have held)

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Academic Degrees other than M.D. or D.O. and Special Honors:

____

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____

Contributions to Medical Literature:

____

____

____

Other Scientific Contributions:

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Sponsors

Sponsors MUST be **POSNA members** from the following: (Only one of which can be a practice associate)

a.) Pediatric Orthopaedic Fellowship Director (If applicable)
b.) A POSNA member in the applicant's locale
c.) Another member of POSNA

Sponsors should upload their Sponsor Form and/or letter of recommendation via the online application site.

Compliance with By-Laws and Agreement of Confidentiality Regarding Application

The undersigned agrees that he/she will comply with each and every provision of the By-Laws and Code of Ethics of the Pediatric Orthopaedic Society of North America and any duly adopted rules and regulations pursuant thereto.

It is specifically agreed by the undersigned that in consideration of the Pediatric Orthopaedic Society of North America's treatment of the entire contents of this application, as well as inquiries or investigations made pursuant thereto as privileged and confidential material, and not subject to publication or public dissemination whether voluntary, involuntary, or operation of law; that the undersigned specifically authorizes the Pediatric Orthopaedic Society of North America to make whatever inquiries or investigations it deems necessary to verify the credentials, professional standing, and moral and/or ethical character of the undersigned. The undersigned further agrees that he/she will not cause or attempt to cause any public disclosure of the contents of any application for membership in the Pediatric Orthopaedic Society of North America or any proceedings of the Membership Committee or the Board of Directors pursuant thereto whether said public disclosure be by operation or law or otherwise.

Name ____ Date ___________________

☐ **By checking this box you are indicating that you have read the above and agree to it.**

POSNA is managed by AAOS Society Management Services. In their role for your society, an AAOS employee will be handling your data.