

**PEDIATRIC ORTHOPAEDIC SOCIETY
OF NORTH AMERICA**

APPLICATION FOR CORRESPONDING MEMBERSHIP

**MUST BE FILLED OUT IN ENGLISH, INCLUDING CV AND LETTERS OF
RECOMMENDATION**

Applicant's must be in practice for at least one continuous year at the same location and have attended at least one Annual Meeting prior to applying for membership

About Yourself

Name: _____

Home Address: _____

_____ Home Phone: _____

Date of Birth: _____ Birthplace: _____ Citizenship: _____

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

Spouse's Name (optional): _____

Office Address: _____

Office Phone: _____ Fax: _____ E-mail: _____

Medical College: _____ Degree: _____ Date: _____

City/State/Country: _____

Date Certified: _____ Certifying Organization: _____

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:

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 _____

IF YES, PLEASE EXPLAIN:

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

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

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

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

Contributions to Medical Literature:

Other Scientific Contributions:

Applicant's for Corresponding Membership are required to attend a POSNA Annual Meeting **prior to** acceptance into the Society. Enter the year which you have attended. _____

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

Primary _____

Secondary _____

Name and Address of Sponsors

Two Sponsor Forms are required. Please have your sponsors upload the forms to the applicant's online application or email the sponsor forms to the POSNA office.

Sponsors should be from the following:

- a.) One from an Active or Senior member of POSNA
- b.) One sponsor from a colleague in the applicant's country

1. Name: _____

Address: _____

Phone: _____ Fax: _____

2. Name: _____

Address: _____

Phone: _____ Fax: _____

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 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 of 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.