NEW MEXICO OSTEOPATHIC MEDICAL ASSOCIATION

ANNUAL MEMBERSHIP DUES

FULL MEMBERSHIP

☐ Physician practicing in New Mexico:	$ 400
☐ Physician in first year of practice in New Mexico after residency or internship: *(Regular $400/yr dues after first year)*	$ 100
☐ Physician, retired with very limited practice *(Retired dues continue at $100 per year)*	$ 100

ASSOCIATE MEMBERSHIP

☐ Active Military, Public Health Service, or IHS:	$ 100
☐ Physician residing and practicing outside New Mexico:	$ 100
☐ Retired Physician:	$ 100
☐ Physician in residency or internship: *(For duration of residency or internship)*	$ - 0 -

Associate Dues continue at $100 per year

The dues year goes from January 1 through December 31.

PLEASE RETURN THIS APPLICATION
with check for first year's dues payable to "NMOMA"

Note: First-year Full Membership annual dues may be pro-rated; call our office to verify amount.

N.M.O.M.A.
P O Box 53098
Albuquerque NM 87153-3098

(505) 332-2146 ⌘ Fax (505) 332-4861

NEW MEXICO OSTEOPATHIC MEDICAL ASSOCIATION

P O Box 53098 σ Albuquerque NM 87153-3098
505 332-2146 ☎ Fax = 505 404-0607

Thank you for requesting an application to become a member of the New Mexico Osteopathic Medical Association.

Enclosed is an application form, which you must complete and return to our office along with copies of the following documents:

(1) Current New Mexico licensure, with date of issue and date of expiration listed. Temporary license not acceptable.

(2) New Mexico Board of Pharmacy license, if practicing in-state.

(3) Current DEA certificate, listing date of issue and date of expiration.

(4) Proof of current professional liability insurance coverage, listing date of issue and date of expiration.

(5) Proof of Board Certification (if applicable).

Your application for membership will be considered by the NMOMA Board of Directors after receipt of the application, the above listed documents, verification of the documents, and receipt of check in payment of dues (if applicable).

Please send the application and documents to:

New Mexico Osteopathic Medical Assn
P. O. Box 53098
Albuquerque NM 87153-3098

Or, deliver them to our office:

Suite 210
10701 Lomas Blvd NE
Albuquerque NM 87112-5463

If you have any questions, please call us at 505 332-2146.

Sincerely yours,

Ralph McClish
Executive Director

NEW MEXICO OSTEOPATHIC MEDICAL ASSOCIATION

MEMBERSHIP APPLICATION

☐ Active Membership
☐ Associate Membership
☐ Retired Membership

INSTRUCTIONS:
1. *This form must be typed or printed.*
2. *Furnish COMPLETE ADDRESSES for all information listed.*
3. *If more space is needed than provided on original form, use back of pages.*

---

1. IDENTIFYING INFORMATION

FIRST NAME _____ INITIAL _____ LAST NAME _____ Birthdate and Birthplace _____

CURRENT Office Address _____ City, State, Zip _____ Current Office Telephone _____

NEW MEXICO Office Address – *If same as current, put "Same"* _____ NEW MEXICO Office Telephone _____

How long have you been at your present office location?: _____ Practice Area: _____

Date you begin (began) practice in New Mexico: _____ AOA No.: _____

Citizenship: _____ Social Sec# _____ Marital Status: ☐Married ☐Single

---

2. PRE-MEDICAL EDUCATION

College or University _____ City/State _____ Degree _____ Date of Graduation _____

College or University _____ City/State _____ Degree _____ Date of Graduation _____

OSTEOPATHIC MEDICAL EDUCATION

Medical School _____ City/State _____ Degree _____ Date of Graduation _____

---

3. POST GRADUATE TRAINING *Residencies, Internships, Fellowships, Preceptorships, Teaching Appointments, Post Graduate Education // In chronological order, beginning with most recent:*

Dates _____ Type _____ Hospital _____ Address _____

Dates _____ Type _____ Hospital _____ Address _____

---

4. PROFESSIONAL AFFILIATIONS *List all current and previous affiliations, starting with most current:*

Name of Organization _____ Your Status _____ Appointment Date(s) _____

Name of Organization _____ Your Status _____ Appointment Date(s) _____

Name of Organization _____ Your Status _____ Appointment Date(s) _____

5. CV and BIBLIOGRAPHY ✲ *Submit with this application.*

6. FELLOWSHIP

American College of... Date

American College of... Date

Membership in other Specialty Organizations: _____

7. SPECIALTY BOARD STATUS Are you board certified? ☐ YES ☐ NO Date Boards Taken: _____
✲ *Submit copy of certification* Are you board eligible? ☐ YES ☐ NO

8. PROVIDE COPIES of current NM Medical License, NM Board of Pharmacy License, and D.E.A. Certificate

NM Medical License Year & Number | NM Board of Pharmacy License Year & Number | DEA Registration Number

LIST other state medical licenses (certificates) *All past and present*

State Date License Number | State Date License Number

State Date License Number | State Date License Number

9. PREVIOUS PRACTICE *List in chronological order, beginning with most recent. Include military service.*

_____ - to present_____
From Address / State / Zip

From - To Address / State / Zip

From - To Address / State / Zip

10. IF YOUR ANSWER TO ANY OF THE FOLLOWING FOUR QUESTIONS IS "YES," PLEASE GIVE FULL DETAILS ON SEPARATE SHEET OF PAPER.

(A) Has your license to practice medicine in any jurisdiction ever been voluntarily or involuntarily limited, suspended, or revoked? YES NO

(B) Have your privileges at any hospital ever been voluntarily or involuntarily suspended, diminished, revoked, or not renewed? YES NO

(C) Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical organization? YES NO

(D) Have you ever been convicted of a felony? YES NO

11. REFERENCES (Two D.O.'s)

NAME ADDRESS TELEPHONE

NAME ADDRESS TELEPHONE

12. PERSONAL INFORMATION *If you are moving to New Mexico and know your new address, list it instead of current address*

HOME ADDRESS

SPOUSE NAME

HOME TELEPHONE

NEW MEXICO OSTEOPATHIC MEDICAL ASSOCIATION

ESTABLISHED 1937

FINAL DISPOSITION OF APPLICATION FOR MEMBERSHIP

This application was reviewed by the NMOMA Board of Directors, which took the following action:

☐ Membership approved / Category: ☐ ACTIVE ☐ ASSOCIATE ☐ RETIRED

☐ Membership not approved.

DATE OF ACTION: _____

NEW MEXICO OSTEOPATHIC MEDICAL ASSOCIATION

PLEASE READ CAREFULLY BEFORE YOU SIGN

In making this application for membership in the New Mexico Osteopathic Medical Association (NMOMA), I acknowledge that I am familiar with the Principles and Standards of the American Osteopathic Association, and I agree to be bound by the terms thereof, if I am granted membership in the NMOMA. By applying for membership in the NMOMA, I hereby signify my willingness to appear for interviews in regard to this application, if requested by the NMOMA Board of Directors.

I hereby authorize the NMOMA Board of Directors and its representatives to consult with administrators and members of other professional medical associations or societies, or with administrators and members of medical staffs of hospitals or institutions, with which I have been associated, including past and present malpractice carriers, who may have information bearing on my professional competence, character, and ethical qualifications.

I hereby release from liability all representative of the NMOMA Board of Directors for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications; and I hereby release from any liability any and all individuals and organizations who provide information to the NMOMA Board of Directors, in good faith and without malice, concerning my professional competence, ethics, character, and other qualifications for membership, and I hereby consent to the release of such information. I also release from liability all representative of the New Mexico Osteopathic Medical Association for any acts performed in good faith and without malice in subsequently evaluating my qualifications for membership.

I agree to keep the New Mexico Osteopathic Medical Association up-to-date on any change made, or proposed, in the status of my professional license to practice, DEA or other controlled substances registration, malpractice insurance coverage, membership or clinical privileges at other institutions, and on the status of current, or initiation of new, malpractice claims.

I understand and agree that I, as an applicant for NMOMA membership, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications.

I fully understand that any significant misstatements in, or omissions from, this application constitute cause for denial of membership or cause for summary dismissal from NMOMA membership. ALL INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE, TO MY BEST KNOWLEDGE AND BELIEF.

_____

Applicant's Signature *Date*

NEW MEXICO OSTEOPATHIC MEDICAL ASSOCIATION

ANNUAL MEMBERSHIP DUES

FULL MEMBERSHIP

☐ Physician practicing in New Mexico:	$ 400
☐ Physician in first year of practice in New Mexico after residency or internship: *(Regular $400/yr dues after first year)*	$ 100
☐ Physician, retired with very limited practice *(Retired dues continue at $100 per year)*	$ 100

ASSOCIATE MEMBERSHIP

☐ Active Military, Public Health Service, or IHS:	$ 100
☐ Physician residing and practicing outside New Mexico:	$ 100
☐ Retired Physician:	$ 100
☐ Physician in residency or internship: *(For duration of residency or internship)*	$ - 0 -

Associate Dues continue at $100 per year

The dues year goes from January 1 through December 31.

PLEASE RETURN THIS APPLICATION
with check for first year's dues payable to "NMOMA"

Note: First-year Full Membership annual dues may be pro-rated; call our office to verify amount.

N.M.O.M.A.
P O Box 53098
Albuquerque NM 87153-3098

(505) 332-2146 ⌘ Fax (505) 332-4861