# Illinois Society of Oral and Maxillofacial Surgeons
## Membership Application

First Name_____ MI _____ Last _____

Home Address _____City _____ST _____ Zip_____

Home Phone _____ Fax _____

Primary Office _____City_____ST_____Zip_____

Office Phone _____ Fax _____

Please list other offices with address and phone and fax numbers on another sheet, if applicable.

Email _____ Circle:: Male or Female

Date of Birth _____ Place of Birth _____

List Names of Your Current Practice Associates, if any:

_____

**List professional title(s) you following your name**? _____

Dental School _____ Location _____

Date of Graduation _____ Degree _____

Medical School (if any) _____

Year/Graduation _____ Degree _____

Location of OMS Residency _____

Address _____ Dates of Attendance_____

Location of Oral & Maxillofacial Fellowship _____

Address _____ Dates of Attendance _____

Additional Training _____

State of Illinois **Dental License Number** _____

Illinois Dental **Anesthesia Permit Number** _____

Has your dental or medical license ever been revoked, suspended or disciplined? _____ No _____ Yes

If “yes”, please explain. Use reverse side or a separate page if necessary. _____

Have you even been convicted of a felony? _____ Yes _____ No Please explain. _____

_____

Is your practice limited exclusively to Oral and Maxillofacial Surgery? _____

ISOMS

Is this your first application for ISOMS membership? _____ Yes _____ No (if "no", explain on reverse side)

Are you a member of AAOMS (**Required**) Year you joined _____

Is an AAOMS application in progress? _____

Are you a diplomate of the American Board of Oral and Maxillofacial Surgery? _____ Year _____

Do you teach any branch of Oral and Maxillofacial Surgery in a dental or medical school? _____

Name of School _____ Position _____

Date of Appointment _____ Department Head _____

Current Primary Hospital Affiliation:

Hospital _____ City _____ Position _____

I hereby pledge as conditions of membership in the Illinois Society of Oral and Maxillofacial Surgeons to

- pursue my calling with strict regard for the ethics of my profession.
- place the welfare of my patients above all else.
- endeavor constantly to advance in knowledge by study, interchange of thought and attendance at clinics and Society meetings.
- regard scrupulously the interests of my professional colleagues and render willing help to them commensurate with services rendered.
- avoid the division of fees in any form, either by collecting fees for others referring patients to me or by permitting them to collect my fees for me, or in any way compensating any person referring patients to me.
- support the Constitution and Bylaws of ISOMS

I understand that if I violate this pledge or do not live up to the code of professional ethics, my name will be dropped from the membership rolls of ISOMS, and that any Certificate of Membership remains the property of ISOMS and must be returned when requested. I also understand that an office anesthesia evaluation is required prior to attaining active membership status and that periodic re-evaluation is a requirement for continued membership.

In consideration of ISOMS processing my application for membership, I grant permission and consent for the Society to obtain information regarding hospital staff privileges and actions relating thereto and all information from former and present professional society affiliations, specialty organizations, schools and other organizations providing professional training.

I hereby affirm and represent that the information contained in this application is true to the best of my knowledge. I expressly grant the ISOMS the authority to communicate and share any and all the foregoing information with any person or entity as the Society deems appropriate.

Signature _____ Date_____

Applications must be sent to ISOMS with the $50 Application fee, the $200 Anesthesia Evaluation fee and the $350 annual dues. (One check for $600 made out to ISOMS is acceptable.) **Active Residents pay no application fee or annual dues. Please call us or fax to use your credit card.**

**Illinois Society of Oral and Maxillofacial Surgeons**
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