PHYSICIAN EXTENDER
APPLICATION FOR ACTIVE MEMBERSHIP

OHIO DERMATOLOGICAL ASSOCIATION
698 Dalton Fox Lake Road Dalton, Ohio 44618
Phone: 330.465.8281 Fax: 330.985.0036

Please send application along with $187.50 membership dues to the above address

PLEASE PRINT

Full Name:_____
First MI Last NP/PA

Dermatologist Employer:_____
(Must be Fellow or Associate Member of ODA)

Office Information:

Company Name_____

Office Address:_____

_____

Office Phone:_____

Office Fax:_____

Office Website:_____

County:_____

Home Information:

Home Address:_____

_____

Home Phone:_____

Cell Phone:_____

E-mail: _____

Preferred Mailing Address: □ Office □ Residence

Education Information:

Graduate Program_____

Degree_____Year_____

Year Licensed in Ohio_____

State Medical Board License#_____

Year Certified in Ohio_____

Certification #_____

Licenses/Certifications in Other States_____

Professional Memberships:_____

_____

_____

_____

Are there any current or pending restrictions on any license or certificate? If yes, attach explanation.

□Yes □No

PLEASE READ CAREFULLY AND COMPLETE THE FOLLOWING

I hereby release from liability all representatives of the Ohio Dermatological Association for their acts performed in good faith, without malice and in reasonable belief that any information gathered or exchanged is warranted by the facts known to them.

I understand and agree that this release and consent is irrevocable. I understand and agree that I, as an applicant for membership, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications for membership.

I agree to return my certificate of membership if my license/certificate to practice as a Physician Assistant or Nurse Practitioner "in any state" is revoked, suspended, or limited beyond its present state, or if my membership is revoked for such other causes as may be placed legally in the bylaws of the Association.

I understand that if I cease to be employed by a Fellow or Associate member of the ODA, I shall be automatically dropped from the roll of the Corporation. I shall immediately be eligible for membership if employed by a Fellow or Associate member of the ODA in the future but must pay a new membership fee.

I acknowledge responsibility for my membership dues.

Signature_____ Date_____