

HOSPITAL STAFF POSITIONS

Primary: Institutions _____ Active Staff or Courtesy Staff
Location _____ How Long? _____
Chief of Pediatrics _____ Chief of Staff _____
Other: Institutions _____ Active Staff or Courtesy Staff
Location _____ How Long? _____

Have you ever had hospital staff privileges denied, restricted or rescinded? yes no

If yes, detail on separate page.

MEDICAL SOCIETY MEMBERSHIPS: (Specify if an officer)

I hereby certify that all information recorded on this application and any attached documents is accurate and supports my qualifications for membership in the Chicago Pediatric Society for which I now apply.

_____ Date ____/____/____
Personal signature of applicant

Mail to: Chicago Pediatric Society, 515 North Dearborn, Chicago, IL 60654
Fax to: 312-670-3646
Email: jcox@cmsdocs.org

Dues are \$100.00 per year—Checks can be made payable to address above

For Office Use

EXECUTIVE COMMITTEE:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Presented before membership on ____/____/____ Approved _____ Denied _____