

THE CENTRAL ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS

Please carefully complete the following two pages with all pertinent information. Each year several applications must be returned or membership declined because of incomplete information.

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| <p>PRE-MEDICAL EDUCATION</p> | <p>COLLEGE OR UNIVERSITY CITY DATE OF GRADUATION DEGREE</p> |
| <p>MEDICAL EDUCATION</p> | <p>COLLEGE OR UNIVERSITY CITY DATE OF GRADUATION DEGREE</p> |
| <p>RESIDENCY TRAINING</p> | <p>HOSPITAL CITY DEPARTMENT INCLUSIVE DATES</p> |
| <p>OTHER POSTGRADUATE EDUCATION</p> | <p>INSTITUTION CITY DEPARTMENT INCLUSIVE DATES</p> |
| <p>HOSPITAL AFFILIATIONS (PAST AND PRESENT LIST CHRONOLOGICALLY)</p> | <p>HOSPITAL CITY DEPARTMENT INCLUSIVE DATES</p> |
| <p>HOSPITAL COMMITTEE APPOINTMENTS (PAST AND PRESENT LIST CHRONOLOGICALLY)</p> | <p>HOSPITAL CITY COMMITTEE INCLUSIVE DATES</p> |

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| TEACHING APPOINTMENTS (PAST AND PRESENT) | INSTITUTION CITY DEPARTMENT TITLE INCLUSIVE DATES |
| TEACHING EXPERIENCE (PAST 5-10 YEARS) PLEASE DETAIL TEACHING ACTIVITIES, i.e. HOUSE OFFICER, FACULTY, POST GRADUATE, ETC. | DETAILS INCLUSIVE DATES |
| MEDICAL SOCIETY MEMBERSHIPS (INCLUDE ADMINISTRATIVE POSITIONS IN THESE SOCIETIES, e.g., PRESIDENT, OFFICER, BOARD OF DIRECTORS, ETC.) PLEASE LIMIT TO 5 | ORGANIZATION YEAR OF ELECTION |
| MEDICAL SOCIETY COMMITTEES (PAST AND PRESENT) PLEASE LIMIT TO 5. | COMMITTEE SOCIETY INCLUSIVE DATES |
| COMMUNITY ACTIVITIES (CHURCH, CIVIC CLUBS, CHARITABLE ORGANIZATIONS, ETC.) | ORGANIZATION RESPONSIBILITY INCLUSIVE DATES |

Qualifications For Membership

CAOG Mission Statement

The purpose of the Central Association of Obstetricians and Gynecologists is to promote optimal health care of women by providing high-quality continuing medical education and a forum for advancing and discussing scientific research in obstetrics, gynecology and women's health care. The CAOG is committed to addressing the concerns of a diverse group of community and academic obstetricians and gynecologists by fostering an atmosphere of collegiality, mutual respect, scientific inquiry and mentoring among its members.

Central Association Guidelines Pertaining to Membership:

Types of Members. The Association shall be composed of seven types of membership: (1) Active, (2) Provisional Active, (3) Non-Resident, (4) Life, (5) Emeritus, (6) Adjunct, and (7) Honorary. Membership in the Association shall be available without regard to race, color, creed, gender, sexual orientation or national origin.

Active Members.

(a) Physicians in good professional standing, residing in the twenty-nine "central states" of Alabama, Arizona, Arkansas, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, Tennessee, Texas, Utah, West Virginia, Wisconsin and Wyoming.

(b) Physicians (1.) Who are Board Certified in OB/GYN (Diplomats of the ABOG or its equivalent) or (2.) Who are Board Certified in their specialties or its equivalent and have made major scientific contributions, basic or clinical to the specialty of OB-GYN.

(c) An application for membership, listing such information as may be requested but including training received, official positions held, the scientific publications of the candidate, and endorsement by one (1) Active Member with a letter of recommendation, shall be submitted through the CAOG Office to the Membership Committee and then to the Board of Directors.

(d) Upon nomination by the Board of Directors, the candidates shall be voted upon at the next Annual Meeting. A 2/3 affirmative vote of all Members entitled to vote and present at the meeting shall constitute election as a **Provisional Active Member**.

(e) Each Provisional Active Member must attend one of the two Annual Meetings immediately following election in order to become a full Active Member. Failing attendance at the second Annual Meeting would automatically terminate the election process.

BIBLIOGRAPHY:

Please attach a list of your contributions to the obstetrical and gynecological literature using the usual bibliographical form.

- List attached (number of pages _____) No publications.

LIST ANY MEETINGS OF THE CENTRAL ASSOCIATION WHICH YOU HAVE ATTENDED.

CITY _____ YEAR _____

CITY _____ YEAR _____

PLEASE BE CERTAIN THAT THE FOLLOWING ITEMS HAVE BEEN COMPLETED:

- All areas of the application are complete**
- Application signed by endorser (CAOG Active Member)
- Letter of recommendation by endorser has been sent to the CAOG Office
- Bibliography attached
- Application signed and mailed to the CAOG Office before July 2nd
- Application fee of \$100.00 enclosed

All information given above is accurate and correct. Falsification is grounds for expulsion from the CAOG. If elected to membership, I agree to abide by the by-laws, rules and regulations of the Central Association of Obstetricians and Gynecologists.

Signature of Applicant

Date

Send Application to: CAOG Membership
Attention: Rochelle Hickel, Executive Director
P.O. Box 3010
Minot, ND 58702-3010

Questions:
701-838-8323
rhickel@caog.org