

APPLICATION FOR ACTIVE MEMBERSHIP
PLEASE READ THE GUIDELINES PERTAINING TO MEMBERSHIP
ON THE LAST PAGE OF THIS APPLICATION BEFORE COMPLETING



(PLEASE TYPE OR PRINT)

DATE: _____

NAME: _____
FIRST MIDDLE INITIAL LAST M.D./D.O./PH.D.

MAILING ADDRESS: _____

(CITY, STATE, ZIP)

OFFICE PHONE: _____ FAX: _____

E-MAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

CERTIFIED BY AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

BASIC CERTIFICATION DATE: _____ RECERTIFICATION DATE(S): _____

SUBSPECIALTY

___ MATERNAL FETAL MEDICINE	___ FELLOWSHIP COMPLETED	___ CERTIFIED
___ REPRODUCTIVE ENDOCRINOLOGY	___ FELLOWSHIP COMPLETED	___ CERTIFIED
___ GYNECOLOGIC ONCOLOGY	___ FELLOWSHIP COMPLETED	___ CERTIFIED
___ OTHER _____	___ FELLOWSHIP COMPLETED	___ CERTIFIED

OTHER CERTIFICATION _____ DATE: _____

MEDICAL LICENSURE: STATE AND LICENSE # _____ EXPIRATION _____

STATE AND LICENSE # _____ EXPIRATION _____

CURRENT MODE OF PRACTICE (CHECK ALL THAT APPLY)

___ SOLO	___ PRIVATE PRACTICE	___ ACADEMIC PART TIME	___ MILITARY
___ GROUP	___ HOSPITAL BASED PRACTICE	___ ACADEMIC FULL TIME	___ OTHER _____

APPLICATION MUST BE ENDORSED BY AN **ACTIVE** MEMBER OF THE CENTRAL ASSOCIATION AND THE ENDORSER MUST SEND A LETTER OF RECOMMENDATION TO THE SECRETARY OF THE SOCIETY UNDER SEPARATE COVER.

ENDORSED BY: * _____
(TYPE OR PRINT NAME) DATE

THIS COMPLETED FORM, LETTER OF ENDORSEMENT AND \$100.00 FEE MUST BE RECEIVED IN THE ADMINISTRATION OFFICE BY JULY 1ST OF THE YEAR IN WHICH THE APPLICATION FOR MEMBERSHIP IS TO BE CONSIDERED.

A completed CV is acceptable but it should include all pertinent information as listed below:

1. Premedical Education
2. Medical Education
3. Residency Training
4. Other Postgraduate Education
5. Hospital Affiliations (past and present)
6. Hospital Committee Appointments (past and present)
7. Teaching Appointments (past and present)
8. Teaching Experience (past 5-10 years)
9. Medical Society Memberships
10. Medical Society Committees (past and present)
11. Community Activities (church, civic clubs, charitable organizations, etc.)

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) Under special circumstances, and with the preapproval of the Board of Directors, an otherwise qualified physician not residing within the geographic confines of the Association may apply for active membership.

(c) 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 could automatically terminate the election process.

List ANY meetings of The Central Association that you have attended.

City _____ Year _____ City _____ Year _____

Please be certain that the following items have been completed:

- _____ All areas of the application are complete
- _____ CV attached
- _____ Letter of recommendation by endorser has been sent to the CAOG Office
- _____ Application signed and sent to the CAOG Office by July 1st
- _____ Application fee of \$100.00 paid

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 bylaws, rules and regulations of The Central Association of Obstetricians and Gynecologists.

Applicant's Name

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