

**WASHINGTON STATE PODIATRIC MEDICAL
ASSOCIATION**

APPLICATION FOR MEMBERSHIP
PLEASE COMPLETE ALL INFORMATION REQUESTED

A. PERSONAL INFORMATION:

1. Full Name: _____
2. Home Address: _____

3. Home Phone: _____
4. Business Address: _____

5. Business Phone “&” Fax: _____
8. Pager “&” E-mail Address _____
6. Date of Birth: _____
7. Were you ever a member of the Armed Services? Yes No
If yes, state the dates of service and the type of discharge received

B. PERSONAL HISTORY:

1. Occupations: List your occupations in reverse chronological order for the last ten years. Include the addresses.

2. What city or town do you consider your “home town” during your formative years?

3. Pre-podiatric Education: List the schools that you have attended and their cities. Show high school, undergraduate, graduate, and other education. List the degree(s) from each.

4. Podiatric Education: List the school(s) attended, dates of attendance and graduation. Also list any residency or preceptorship, giving hospital or office address, dates and supervising podiatrist:

5. Have you ever been dropped, suspended, or expelled from any university, college, or educational institution? ___ Yes ___ No If yes, explain:

6. Do you hold a valid license to practice podiatry in the state of Washington? ___ Yes ___ No If yes, forward a copy of the license with this application.

7. Have you ever been denied a license to practice podiatry in the state of Washington? ___ Yes ___ No If yes, explain:

8. Do you, or have you ever held a license to practice podiatry in any other state?
___ Yes ___ No If yes, provide the names of all other states, the license number,
and indicate whether the license(s) has ever been revoked or otherwise terminated:

9. Have you ever been a member of the Washington State Podiatric Medical Association
prior to this application? ___ Yes ___ No If yes, state the dates of your membership and
the reason(s) for leaving the Association:

10. Have you ever been a member of a podiatric association in any other state?
___ Yes ___ No If yes, state the name(s) and address(es) and reason(s) for leaving:

11. List any professional societies and/or trade associations (of any kind) in which you
have been a member, its address, and the present status of your membership:

12. Have you ever been denied membership in a professional society and/or regional association?
___ Yes ___ No If yes, indicate the society and/or association and the reason(s) for such denial:

13. Have you ever been dropped, suspended, or expelled from any professional society, hospital, and/or state or regional association? ___ Yes ___ No If yes, state the reason(s):

14. Have you ever been sued for medical malpractice? ___ Yes ___ No If yes, for each instance, state the following:

a. Date suit was filed: _____

b. County and state where suit was filed: _____

c. Resolved by judgment or settlement: _____

d. If a judgment, in whose favor was it resolved?: _____

e. If a settlement, what was the amount of the settlement?: _____

f. Briefly describe the complaint of the plaintiff: _____

15. Have you ever been convicted of a felony? ___ Yes ___ No If yes, give the date, place, and type of offense on a separate sheet of paper.

16. Have you ever been convicted of offenses involving substance abuse, or otherwise addicted (alcohol or other drugs)? ___ Yes ___ No If yes, please explain on a separate sheet of paper. Discuss treatment, if received.

17. Do you have, or have you ever held hospital privileges? ___ Yes ___ No If yes, list the hospitals and their addresses:

18. Have you ever been subjected to disciplinary action by a hospital, such as a fair hearing, privilege suspension, or loss of privileges? ___ Yes ___ No If yes, please explain on a separate sheet of paper.

C. LETTERS OF REFERENCE (3)

The applicant shall arrange for three persons, who are capable of attesting to his/her moral character, who have known him/her for a substantial period of time, and are not related by blood or otherwise, to send letters of reference to the Washington State Podiatric Medical Association. The letters of reference must come from members of the American Podiatric Medical Association.

D. AUTHORIZATION

I, the undersigned applicant, authorize the Washington State Podiatric Medical Association and its agents, to have access to any and all records that are relevant to this application for membership, including, but not limited to educational, military, medical, and legal records.

E. TENDER OF NON-REFUNDABLE APPLICATION FEE

The applicant will forward the current non-refundable application fee of \$100.00 with this application.

F. DUES

Upon acceptance by the Board of Trustees and membership of the Washington State Podiatric Medical Association, dues will be assessed based on years in practice, on a pro rata basis. They are not due now, but must be sent to the American Podiatric Medical Association once the application is complete, voted upon, and approved. The Washington State Podiatric Medical Association's treasurer will determine the applicant's dues amount and contact the new member for billing purposes.

ATTACH
RECENT
PHOTO
HERE

Attach a black and white glossy photograph with coat and tie, head and shoulders only. Make size approximately 2 1/2 by 3 1/2 inches, medium color background.

H. EXPLANATION OF DUE PROCESS

This application will be examined for completeness, and the information checked for accuracy and character reference, by the Washington State Podiatric Medical Association. It is then presented to the Board of Trustees for approval. If accepted, the new member's dues is calculated on a pro rata basis by the Washington State Podiatric Medical Association's treasurer, and the member is invoiced for the dues amount. This dues will accompany the new member's American Podiatric Medical Association application, which the Washington State Podiatric Medical Association submits.

PLEASE USE THE BELOW SPACE FOR ADDITIONAL COMMENTS OR SPACE REQUIREMENTS. USE ADDITIONAL PAPER IF NECESSARY.