

The Brooklyn Gynecological Society

Check One:

Fellow _____

Associate Fellow _____

Affiliate Fellow _____

Please Type Information

1. Last Name: _____ First: _____ Middle: _____

2. Office Address: _____ Phone: _____

3. Home Address: _____ Phone: _____

4. Place Of Birth: _____ Date Of Birth: _____

5. Premedical College(s) _____ City _____ State _____ Year Grad _____ Degree _____

6. Medical College(s) _____ City _____ State _____ From _____ To _____ Grad M/Yr _____

7. Professional Postgraduate hospital or Institutional Experience

Hospital or Institution	City and State	Title (int/res/fel)	Specialty of service	From M/D/Yr	To M/D/Yr
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8. Other postgraduate experience: (state type-research, special study, U.S. armed forces, U.S.P.H.S, private practice, etc.)

Location: _____ Type: _____ From (year): _____ To (year): _____

9. I have a full and unrestricted license to practice medicine in New York State. New York State License Number: _____

10. Hospital Staff Appointment(s)

Hospital	Rank	From (year)	To (year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Medical School Faculty Appointment(s)

Appointment(s)

School	Rank	From (year)	To (year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Current Practice	Full Time	Part Time
Private Practice	_____	_____
Academic Practice	_____	_____
Hospital-Based Practice	_____	_____
Other (describe)	_____	_____

13. Specialty and Subspecialty Certification

Passed Part I of ABOG	_____	No
Diplomate ABOG	_____	No
Fellow ACOG	_____	No
Subspecialty Boards (Specify):	_____	No
Others:		

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14. Professional Organizations.

15. Professional or personal awards (specify).

16. Professional Publications (attach list if necessary).

17. I state that the above is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

To The BROOKLYN GYNECOLOGICAL SOCIETY:

The undersigned, being personally acquainted with Dr. _____
endorse his/her application for _____ Fellow in the
BROOKLYN GYNECOLOGICAL SOCIETY.

(Please note: Members of the Credentials Committee, the Council or its Advisory Committee may not be endorsers.)

Signed: _____ M.D. Print Name: _____

Signed: _____ M.D. Print Name: _____

Signed: _____ M.D. Print Name: _____