Medical Society of South Carolina

Organized at Charleston, December 24, 1789

Membership Application

Name____**Spouse**__________________________________

Present Address(Office)____________________________________**Zip Code**__________**Telephone**______________

Present Address(Home)____________________________________**Zip Code**__________**Telephone**______________

Place and Date of Birth______________________________________**Fax Number**________________________________

Email Address______________________________

<u>Education</u>

College(s) Degree(s)____**Dates**_________________________

Medical College:____**Dates**_________________________

SC License____________________**Initial Date**_______________________________

Other Licenses/States with Dates____

Board Certification and Date____

Date beginning Practice in Charleston______________________________________

Specialty_______________________**Subspecialty**_____________________________

Previous Location and Dates (if Applicable)___________________________________

List hospitals where you have privileges (include type of privilege i.e. active, courtesy, consulting)

____________________________   _______________________________

____________________________   _______________________________

Please list other information concerning yourself, such as medically-related memberships, or previous service in the Armed Forces.

____________________________   _______________________________

_____________________________   _______________________________

<u>Conflict of Interest Statement</u>

In light of the fiduciary responsibility of the Medical Society of South Carolina to Roper St. Francis Health Care System, we ask you to specify any conflicts of interest on the form below. Indicate if you are employed or receive compensation from any institution of Roper St. Francis Health Care System.

___________________________   ______________________________

___________________________   ______________________________

Membership Application

Full Membership Status

Full voting membership will only be granted to individuals without conflicts with competing medical institutions as determined by the Medical Society of South Carolina Admissions and Nominating Committee. If conflicts exist, an affiliate membership is available.

Affiliate Member Status

Applicants thought to have a significant conflict of interest and physicians whose residence is out of the geographic area may become Affiliate Members. Affiliate Members will not be eligible to vote or hold an office.

Applying for Society Membership: ❑ Full ❑ Affiliate

Proposed by :____
(MSSC Member)

Proposed by:____
(MSSC Member)

Applicant's Signature______________________________________ Date of Application____________

Date Approved by Nominating Committee________________________.

***Application must be accompanied by a processing fee of $__100.00__**

Please return your application and check for $100.00 to:

Medical Society of South Carolina
69-B Barre Street
Charleston, SC 29401

Revised 6/2011