



PERSONAL

| NAME | APPLICANT: | SPOUSE: |
|-----------------------|------------|-------------|
| Practice Name | | |
| Office Address | | Telephone: |
| Home Address | | Telephone: |
| Place & Date of Birth | | |
| Email | | Cell phone: |

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| College(s) Degree(s) | Dates |
| Medical College | Dates |
| SC Medical License | Date |
| Other Licenses/Stages | Dates |
| Board Certification | Date |
| Began Practice in Charleston | Date |
| Specialty: Subspecialty: | Date |
| Previous Practice Locations (if applicable) | Date |

| Hospital Name (Please List) | Medical Staff Status (active, consulting, associate etc) | % of Patients You Referred to Hospitals Listed | List Board and/or Committee Service |
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- **MSSC 14th Amended and Restated Bylaws require must physicians be on RSFH Medical Staff for six (6) months before becoming eligible for MSSC Membership.**

Medical Society of South Carolina - Mission Statement

“The Medical Society of South Carolina is an organization of physicians dedicated to improving the health of our community through clinical excellence, support, and participation in Roper Saint Francis Health Care and other endeavors, with good stewardship of the Society’s financial and human resources, while adhering to the highest ethical standards as exemplified by the Hippocratic tradition.”
-Board of Directors Retreat, April 2004

Read the Mission Statement above. What makes our mission meaningful to you?

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Are you willing to stay informed in the Society’s business matters and participate in continuing to move the Society forward? How much time can you commit to meetings and serving the MSSC Mission?

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ARE YOU CURRENTLY EMPLOYED BY RSFH? _____ Yes _____ No

Significant RSFH Association. The term “Significant RSFH Association” shall mean that a physician’s individual practice of medicine is primarily oriented towards, or associated with, RSFH and is not primarily oriented towards, or associated with, another hospital system or outpatient facilities that do not indirectly support RSFH. The level of referrals to RSFH facilities and to Society Members as well as participation in RSFH networks shall be considered in determining if there is a Significant RSFH Association.

RSFH Conflict of Interest does not necessarily create a Significant Society Conflict of Interest. By way of example only, an ambulatory surgery center owned by a Society Member might constitute a RSFH Conflict of Interest, but not constitute a Significant Society Conflict of Interest.

Significant Society Conflict of Interest. The term "Significant Society Conflict of Interest" shall mean any situation in which regard for duties associated with a physician’s individual practice of medicine will so completely conflict with the mission of the Society on a general and not a single, specific issue or incident basis that there will be a tendency to disregard the mission of the Society. The following examples, among others, at the discretion of the Board are deemed to be "Significant Society Conflicts of Interest":

Where Members are employed by a medical staff facility, Affiliate, association, foundation, hospital, health care delivery system, insurance carrier, health maintenance organization ("HMO"), preferred provider organization ("PPO") or other similar institution other than RSFH and its Affiliates. For purposes of this section, an employee includes an individual who receives compensation, fees, salary or other remuneration that constitutes more than fifty percent (50%) of the individual's professional income and represents payment of wages or payment for a period of work rather than for a particular task performed or an individual who has entered into an employment agreement or consulting agreement with a non-System medical staff facility, Affiliate, organization, foundation, hospital, health care delivery system, insurance carrier, HMO, PPO or similar organization. Indications of employment status include, but are not limited to, the execution of an employment agreement or contract, the receipt of a base salary, the receipt of guaranteed minimum income, the ability to participate in a benefit plan, having federal, state and social security taxes withheld, the receipt of paychecks, the reimbursement of professional expenses, and the provision of office space or support personnel.

☐ PLEASE NOTE YOUR “SOCIETY” CONFLICT OF INTEREST DISCLOSURE BELOW

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☐ I HAVE NO “SOCIETY” CONFLICT OF INTEREST

☐ PLEASE NOTE YOUR “SIGNIFICANT RSFH ASSOCIATION” DISCLOSURE BELOW

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☐ I HAVE NO SIGNIFICANT RSFH ASSOCIATION

SIGNATURE PAGE

Proposed by : _____
(MSSC Member) Signature

Printed Name

Proposed by: _____
(MSSC Member) Signature

Printed Name

Applicant's Signature _____ Date of Application _____

*Please return your application and check for \$200.00 to: Medical Society of South Carolina
69-B Barre Street, Charleston, SC 29401

NOTE: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED FOR COMPLETION _____

TO BE COMPLETED BY THE ADMISSIONS AND NOMINATING COMMITTEE ONLY

ELIGIBLE FOR MEMBERSHIP CATEGORY: ____ FULL ____ ASSOCIATE ____ SOCIAL

☐ SIGNIFICANT RSFH ASSOCIATION

☐ NO SOCIETY CONFLICT OF INTEREST

☐ SOCIETY CONFLICT OF INTEREST

REASON: _____

APPLICATION APPROVED: ____ YES ____ NO

DATE _____



MEDICAL SOCIETY
of SOUTH CAROLINA est. 1789

New Member Sponsorship Form

Membership in the Society is considered an honor and carries with it a duty to govern the Society in a fashion consistent with its mission, unencumbered by other interests that would compromise the primary purpose of the Society.

With the approval of the 13th Amended and Restated Bylaws of the MSSC, the membership process was updated and requires the physician applicant have a sponsor who proposes him/her for membership. Please complete this form and submit it along with the physician applicant's completed MSSC Membership Application and biographical sketch.

**As a current member of the Medical Society of SC,
I propose for membership in the Society:**

Name (please print)

1. Why do you believe the physician applicant would make a good member of the MSSC?

2. _____ I agree to introduce the prospective member to the Membership at a quarterly meeting.

3. If application is approved by the Nominating Committee, the application will be processed as noted below:

- a. Submitted to the MSSC Board of Directors for approval**
- b. The sponsoring member will introduce the physician applicant to the Membership at a quarterly meeting**
- c. The membership will vote at a quarterly meeting on the physician applicant's membership.**
- d. The corporate office will assist the physician applicant with scheduling of new member orientation, meeting attendance, etc. to complete the process.**

Signature of Sponsoring Member

Date

Please return to: Medical Society of South Carolina, 69-B Barre Street, Charleston, SC 29401 or by email to jan.wham@rsfh.com.