

III. LICENSING/CREDENTIALING

Louisiana License No. _____ Date Issued _____

Other States _____
State _____ Date Issued _____

Has your License to practice medicine in any jurisdiction ever been restricted, suspended or revoked? YES/NO

Has your narcotic License in any jurisdiction ever been restricted, suspended or revoked? YES/NO

Have you ever been refused membership in a medical society? YES/NO Name of Society _____

Have you ever been the subject of disciplinary action by a medical society? YES/NO Name of Society _____

Have you ever been convicted of a crime other than a minor traffic violation? YES/NO

If your answer to any of these questions is YES, please provide full details on a separate sheet of paper.

IV. PROFESSIONAL DATA-Past and Present Medical Society Memberships

Name _____ Address _____ Date _____

Name _____ Address _____ Date _____

V. OTHER PROFESSIONAL ORGANIZATIONS

VI. PREVIOUS PRACTICE-List in Chronological Order.

Address _____ Date _____

I agree to abide by the Articles of Incorporation, Charter, By-Laws and Principles of Medical Ethics of the Shreveport Medical Society. I will conduct my practice in accordance with the ideals, dignity and accepted practices of the medical profession and will not promote or support practice on an unscientific basis.

I am aware that information submitted in the application will be verified and additional information may be obtained by the Shreveport Medical Society. By applying for membership, I signify my willingness for the Shreveport Medical Society to consult with organizations, institutions, and individuals named in this application for the purpose of verifying the information contained herein. I understand and agree that I, as an applicant for membership have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about those qualifications.

I FULLY UNDERSTAND THAT ANY SIGNIFICANT MIS-STATEMENTS IN OR OMISSIONS FROM THIS APPLICATION CONSTITUTE GROUNDS FOR DENIAL OF APPLICATION OR CAUSE FOR SUMMARY DISMISSAL FROM THE MEMBERSHIP. ALL INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND ACCURATE TO BEST OF MY KNOWLEDGE AND BELIEF.

Please
Attach
Photograph

Signed: _____

Date: _____