HAND SURGERY SECTION, A.O.A.O.
MEMBERSHIP APPLICATION

NAME: ____ **BIRTHDATE:** __________________

PROFESSIONAL ADDRESS: ____

CITY: ______________________________ **STATE**_____________ **ZIP CODE:** __________

EMAIL: __________________________________**PHONE:** _______________________

FAX NUMBER: ____

OSTEOPATHIC SCHOOL: ____

GRADUATION DATE: ____

INTERNSHIP: ____

DATE COMPLETED: ____

RESIDENCY: ____

DATE COMPLETED: ____

HAND SURGERY FELLOWSHIP: ____

DATE COMPLETED: _________________ **DURATION:** ___________________________

LICENSURE: ____

DATE: ____

BOARD STATUS:
ELIGIBLE; DATE: ____

CERTIFIED; DATE: ____

MEMBER OF A.O.A.O. YES _________ **NO** _________ **DATE:** _____________

CURRICULUM VITAE: (USE SEPARATE SHEET)

REFERENCES: (PLEASE HAVE LETTER SENT FROM CHIEF OF HAND SURGERY TRAINING PROGRAM OR SEND COPY OF CERTIFICATE OF HAND TRAINING PROGRAM)

NUMBER OF HAND SURGERY CASES PERFORMED LAST CALENDAR YEAR: ____________________

Please return to:
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