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## **APPLICATION FOR COLORADO SOCIETY OF EYE PHYSICIANS AND SURGEONS**

Please complete all parts of this application. A check payable to the Colorado Society of Eye Physicians and Surgeons in the amount of \$750.00 must accompany the application. If you are in academic medicine, or are in practice up to three years out of residency, or are retired from active practice, then you may be eligible for reduced dues and will be contacted by the CSEPS credentialing office upon review of your application.

Name:							_□ Male □ Female
Last	Fir	st		Middle	Deg	ree	
Primary Office:Street		Suite	· #		City	State	Zip
Phone: ()					Fax: ()		
E-mail address:					Web site address:		
Type of practice:SoloSa					Administration		Other (specify)
Present or anticipated local practice af	filiation (e.g., name(s) o	of partners, group, et	tc.) and dat	te you will be	gin active practice (if applica	ble):	
Home:					Phone: (	)	
Street	Apt.#	City	State	Zip			
For my mailing address, please use	e: 🗆 Office or 🖵 Ho	me					
Date of Birth:	Place:				Spouse Name:		
Date of Birth: Month / Day / Year		City / St	ate / Coun	itry		First	Last
Colorado License:Date Issued	Number	_ Other State Licens	se(s):	Data Issued	/ Number / State	Data Issued /	Number / State
						Date Issueu /	Number / State
Specialty:	b	oard Certification: _			Certifying Board		
Certification Number	Month / Day Original Date o			Recertifica	ntion Date	Expiration Da	ite
Medical Liability Insurance Carrier							
MEDICAL SCHOOL:		ECFMG :	# (Applical	ble to Medica	l Schools Outside of USA)		
Full Name of Institution / City / State						Degree	Mo / Yr
INTERNSHIP:							
Full Name of Institution / City / State			Specialty			Began Mo	/ Yr - Ended Mo / Yr
RESIDENCY:							
Full Name of Institution / City / State			Specialty	,		Began Mo	/ Yr - Ended Mo / Yr
Full Name of Institution / City / State			Specialty			Began Mo	/ Yr - Ended Mo / Yr
FELLOWSHIP / PRECEPTORSHIP: (0	Circle one)						
Full Name of Institution / City / State			Specialty			Began Mo	/ Yr - Ended Mo / Yr

## **OTHER GRADUATE DEGREES:**

Ave you ever been convicted of a felony?  Yes No	Full Name of Institution / City	/ / State		Specialty			Began Mo / Yr - Ended Mo / Yr
lave your hospital medical staff privileges ever been refused, revoked, suspended or reduced? Yes	Foreign Language(s) Spoken:						
las your license to practice medicine ever been denied, restricted, suspended or revoked? Yes	Have you ever been convicted	of a felony?			Yes	No	
the there any judicial or regulatory actions pending which could result in denial, restrictions, Yes No uspension, or revocation of your license to practice medicine?  lave you ever been expelled from or denied membership in a state, or specialty medical society? Yes No sthere any pending review or disciplinary action with a state, or specialty medical society Yes No sthere any pending review or disciplinary action with a state, or specialty medical society Yes No sthere any pending review or disciplinary action with a state, or specialty medical society Yes No but the state of the save you previously our membership?  If you answered yes to any of the above questions, please explain on a separate page and attach to this application.  It yes No Date   The lected to membership, I agree to conduct myself professionally and personally according to the American Academy of Ophthalmology's Code of Ethics (http://www.aao.org/bout/ethics/code_ethics.cfm) and to be governed and bound by the Constitution and Bylaws of the Colorado Society of Eye Physicians and Surgeons (CSEPS). Further, I hereby in that I have no physical, mental, or emotional condition which would impair my ability to provide an acceptable standard of medical care. I understand that submission or also or fraudulent information may result in denial of membership or expulsion from the society.  In the provided and the submission of the society of the submission or also or fraudulent information may result in denial of membership or expulsion from the society.  In the understand that submission or also or fraudulent information may liability or loss, CSEPS, their officers, agents, employees, and members, for acts performed in good faith and without malice or connection with evaluating my application, credentials and qualifications. I hereby release any and all individuals, organizations, and agencies or their authorized epresentatives from any liability concerni	Have your hospital medical sta	aff privileges ever be	een refused, revoked,	suspended or reduced?	Yes	No	_
uspension, or revocation of your license to practice medicine?  Have you ever been expelled from or denied membership in a state, or specialty medical society? Yes	Has your license to practice m	edicine ever been de	enied, restricted, susp	ended or revoked?	Yes	No	
sthere any pending review or disciplinary action with a state, or specialty medical society  Yes No  f you answered yes to any of the above questions, please explain on a separate page and attach to this application.  Have you previously been a member of this specialty society:  Yes No Date  f elected to membership, I agree to conduct myself professionally and personally according to the American Academy of Ophthalmology's Code of Ethics (http://www.aao.org/ibout/ethics/code_ethics.cfm) and to be governed and bound by the Constitution and Bylaws of the Colorado Society of Eye Physicians and Surgeons (CSEPS). Further, I hereby fiftrm that I have no physical, mental, or emotional condition which would impair my ability to provide an acceptable standard of medical care. I understand that submission o alse or fraudulent information may result in denial of membership or expulsion from the society.  hereby release, and hold harmless from any liability or loss, CSEPS, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications. I hereby release any and all individuals, organizations, and agencies or their authorized epresentatives from any liability concerning information provided about my professional competence, ethical conduct, character, and other qualifications for membership.  Applicant's Signature:	Are there any judicial or regula suspension, or revocation of y	atory actions pendir our license to praction	ng which could result ce medicine?	in denial, restrictions,	Yes	No	_
f you answered yes to any of the above questions, please explain on a separate page and attach to this application.  Have you previously been a member of this specialty society:  Yes No Date  f elected to membership, I agree to conduct myself professionally and personally according to the American Academy of Ophthalmology's Code of Ethics (http://www.aao.org/lbout/cthics/code_ethics.cfm) and to be governed and bound by the Constitution and Bylaws of the Colorado Society of Eye Physicians and Surgeons (CSEPS). Further, I hereby fiftirm that I have no physical, mental, or emotional condition which would impair my ability to provide an acceptable standard of medical care. I understand that submission o alse or fraudulent information may result in denial of membership or expulsion from the society.  hereby release, and hold harmless from any liability or loss, CSEPS, their officers, agents, employees, and members, for acts performed in good faith and without malice n connection with evaluating my application, credentials and qualifications. I hereby release any and all individuals, organizations, and agencies or their authorized epresentatives from any liability concerning information provided about my professional competence, ethical conduct, character, and other qualifications for membership.  Applicant's Signature:	Have you ever been expelled f	rom or denied mem	bership in a state, or	specialty medical society?	Yes	No	_
Alave you previously been a member of this specialty society:  Yes No Date	s there any pending review or regarding your membership?	disciplinary action	with a state, or specia	alty medical society	Yes	No	
f elected to membership, I agree to conduct myself professionally and personally according to the American Academy of Ophthalmology's Code of Ethics (http://www.aao.org/bbout/ethics/code_ethics.cfm) and to be governed and bound by the Constitution and Bylaws of the Colorado Society of Eye Physicians and Surgeons (CSEPS). Further, I hereby infirm that I have no physical, mental, or emotional condition which would impair my ability to provide an acceptable standard of medical care. I understand that submission of also or fraudulent information may result in denial of membership or expulsion from the society.  The elease, and hold harmless from any liability or loss, CSEPS, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications. I hereby release any and all individuals, organizations, and agencies or their authorized epresentatives from any liability concerning information provided about my professional competence, ethical conduct, character, and other qualifications for membership.  Applicant's Signature:  Date:  Date:  The undersigned officer of the Society, having fully considered this application and appropriate supporting documents recommends the following action:	f you answered yes to any of t	he above questions	, please explain on a	separate page and attach	to this application.		
Applicant's Signature:  The undersigned officer of the Society, having fully considered this application and appropriate supporting documents recommends the following action:  The undersigned officer of the Society, having fully considered this application and appropriate supporting documents recommends the following action:	Have you previously been a m	ember of this specia	lty society:	Yes	No	Date	
	about/ethics/code_ethics.cfm affirm that I have no physical, false or fraudulent information hereby release, and hold har In connection with evaluating representatives from any liabi	a) and to be governe mental, or emotion n may result in deni mless from any liabi my application, cre lity concerning infor	ed and bound by the C al condition which w al of membership or d lity or loss, CSEPS, the dentials and qualifica mation provided abo	Constitution and Bylaws or ould impair my ability to pexpulsion from the society eir officers, agents, emplo ations. I hereby release an out my professional compe	f the Colorado Sociorovide an acceptal v. yees, and member y and all individua vtence, ethical conc	ety of Eye Physicians and sole standard of medical ca s, for acts performed in go ls, organizations, and age duct, character, and other	Surgeons (CSEPS). Further, I hereby are. I understand that submission of bod faith and without malice ncies or their authorized qualifications for membership.
Accepted Rejected Signature: Date:	The undersigned officer of	the Society, having	fully considered this a	application and appropriat	e supporting docu	ments recommends the fo	ollowing action:
	Accepted Rej	ected	Signature:				Date: