



NGAOM

National Guild of Acupuncture & Oriental Medicine

OPEIU Guild Local 62, AFL-CIO



Application for Membership

Please print or type

| | | | | |
|------------------------|--------|--------|---------|----------|
| Name | First | Middle | Last | Nickname |
| MAILING ADDRESS | Street | | Address | |
| | City | | | |
| | State | | Zip | |

| | | | |
|-----------------------|-----|-----------------------|-----|
| WORK TELEPHONE | () | HOME TELEPHONE | () |
| FAX NUMBER | () | E-MAIL ADDRESS | |

| | | |
|------------|------------|---------------|
| SSN | DOB | GENDER |
| | | M F |

Please indicate all current licensure for acupuncture and Oriental Medicine as well as all other medical licensure

| Description | State | License # |
|-------------|-------|-----------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |

| CERTIFICATION S | | |
|--------------------------|-----------|------|
| Name of Certifying Board | Specialty | Date |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

| SPECIALTY | | |
|--|------------------|-----------------|
| The specialty designation will be used to determine CEU course work and the development of post graduate specialties | | |
| Primary | Secondary | Tertiary |
| | | |



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Education

| ORIENTAL MEDICAL COLLEGE | |
|-------------------------------|-----------------------------|
| Institution | Dates Attended or Graduated |
| 1) | |
| 2) | |
| 3) | |
| 4) | |
| INTERNSHIP TRAINING | |
| 1) | |
| 2) | |
| 3) | |
| Related Postgraduate Training | |
| 1) | |
| 2) | |
| 3) | |

| MEMBER RECRUITER |
|---|
| The NGAOM member who introduced me to the NGAOM and encouraged my application |
| (Please Print Name) |

| SPECIALTY SOCIETY MEMBERSHIPS - Indicate your membership in any specialty societies. | |
|--|-------------------|
| Organization | Title designation |
| | |
| | |
| | |



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| MILITARY OR PUBLIC HEALTH SERVICE MEMBER US and Foreign countries - | | | |
|---|---------------------|---------------------|--------|
| US Military | Branch | Dates of Enlistment | Status |
| Foreign Military | | | |
| US Public Health Service Commissioned Corps | Dates of enlistment | | Status |
| Foreign public Health services | | | |

Members of the NGAOM must abide by the Bylaws and the Code of Ethics. To assist us in upholding these standards, please answer the following questions.

| | | |
|--|-----|----|
| 1. Has your request for any type of medical staff privileges ever been denied? | Yes | No |
| 2. Have your medical staff privileges ever been reduced, confined, suspended, or terminated? | Yes | No |
| 3. Has a hospital ever requested that you resign your medical staff privileges? | Yes | No |
| 4. Are there any actions pending against you that would adversely affect your hospital privileges or medical staff status or state or local license? | Yes | No |
| 5. Has your license to practice ever been limited, suspended or revoked? | Yes | No |
| 5. Have you ever been convicted of fraud or a felony offense? | Yes | No |
| 6. Have you every had a claim made against you to a licensing board or a law enforcement agency | Yes | No |
| 7. Have you ever had a lawsuit filed against you as a result of practice related issues | Yes | No |
| 8. Are you aware of an incident that may result in a claim being made against you | Yes | No |

If yes to any of the questions in the previous section please provide a brief narrative including the reasons for patient visit, diagnosis, treatment given, allegations and status of claim



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Notice: The Guild is a registered entity with the National Practitioner Databank and operate in full compliance with the Health Care Quality Improvement Act (42 U.S.C. Section 11101, et seq.) which requires professional societies to report certain professional review actions that adversely affect membership in the NGAOM, to the data Bank.

RELEASE AUTHORIZATION

In furtherance of my application for membership in the National Guild of Acupuncture and Oriental Medicine, (NGAOM), I authorize any hospital and/or medical staff where I now have, have had, or have applied for medical staff privileges, and any organization of which I am a member or to which I have applied for membership, and any person who may have information, records, or documents which are deemed necessary by the NGAOM to evaluate my eligibility for membership to provide such information to representatives of the NGAOM. I agree that communications of any nature made to the NGAOM regarding my qualifications for membership may be made in confidence and shall not be made available to me under any circumstances.

I release any hospital, medical staff, organization, or person, and the NGAOM and its representatives from any liability for acts performed or communications, reports, recommendations, or disclosures made, requested, or received in good faith and without malice in connection with provision, collection, or evaluation of information or opinions bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, ethics, behavior, or any other matter, whether or not requested, in connection with my membership in the NGAOM.

I pledge to hold the NGAOM and its representatives harmless and agree to pay any attorney's fees and defense costs incurred by the NGAOM for defending a lawsuit for damages or declaratory or other equitable relief in connection with the NGAOM application.

I certify that the statements made by me in this application are true to the best of my knowledge and belief; and that I shall give every possible aid to the NGAOM in its investigation of my qualifications as a surgeon.

I declare that I have read the Code of Ethics of the National Guild of Acupuncture and Oriental Medicine

I pledge that, if I become a member of the NGAOM, I shall continue to abide by and uphold the Bylaws and the Code of Ethics of the Guild..

I further pledge that, if honored by membership into the NGAOM, any violation of ethical conduct on my part relating to institutional or private practice shall be deemed cause for suspension or revocation of my membership in the NGAOM.

| | |
|--------|------|
| Signed | Date |
|--------|------|

To receive a copy of the NGAOM Bylaws and/or the Code of Ethics, call the NGAOM at 213-220-2936 or 213-482-4710, or submit your request to hmorison@sbcglobal.net

Submit your completed application by US mail to the NGAOM