

Please indicate the average number of hours per week spent on each major activity at this location:

Outpatient Care Hours (Face to Face): _____
Inpatient Care Hours (Face to Face): _____
Research Hours: _____
Teaching/Education Hours: _____
Administration Hours: _____
Volunteering Hours: _____
Other (Specify): _____

Other practice locations in Montana _____

EDUCATION & CERTIFICATIONS

Medical School _____
Name Year Graduated

Residency Program _____
Name Year Graduated

Medical Specialty	Board Certified Y or N

LICENSE INFORMATION

Montana License Number _____ Date Issued _____
Have you ever had your license revoked or suspended? Yes No If yes, which license and when? _____

OTHER INFORMATION

Do you also want to become a member of your local medical society? Yes No

Do you currently belong to another State and/or National Medical Society? Please list them here:

Military Service Active Retired N/A

Have you ever been convicted of a felony? Yes No If yes, where and when? _____

Have you ever had disciplinary action taken against you by a hospital or a medical society? Yes No
If yes, where and when? _____

Are you interested in learning more about participation in MMA committees or workgroups? Yes No

If yes, what are your interests?

- Executive Committee Legislative Committee Nominations Committee
 Prescription Drug Abuse Reduction Choosing Wisely Tele-Medicine Physician Leadership
 Geographical Medical Society Other _____

If elected to membership, I agree to conduct myself professionally and personally according to the "Principles of Medical Ethics" and to be governed by the Articles of Incorporations and By-Laws of the Montana Medical Association. I hereby release, and hold harmless from any liability or loss, the above-named Medical Society, the Montana Medical Association, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the above-named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership.

Applicant Signature

Date