



**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