

VIGO COUNTY MEDICAL SOCIETY, INC.
Membership Application Addendum

Attn: Vicki Riley
322 Canal Walk
Indianapolis, IN 46202-3268
Phone: (317) 454-7735 Fax: (317) 261-2226

Dear Doctor:

Enclosed with this letter you will find an application for membership in the Indiana State Medical Association which is mandatory for membership in the Vigo County Medical Society, Inc.

In addition to the information requested on the Indiana State Medical Association's application, the Board of Censors of the Vigo County Medical Society, Inc. requests the following:

1. A photocopy of your Indiana State Medical License.
2. A photocopy of your specialty Board Certification, if you wish to be known as a specialist or a letter from your Board stating that you are in the process of being certified.
3. If transferring from a component county society of this state or any other state, a letter of recommendation from that society.
4. If your medical license has been suspended, revoked, restricted, investigated, monitored, questioned, in any state or country, please furnish details. Failure to observe this requirement, by not bringing such information to the Board of Censors will be interpreted as falsification of this application.
5. Do you have a state narcotic registry number? Yes ___ No ___
Do you have a federal narcotic registry number: Yes ___ No ___

Have either one of the above narcotic registrations been suspended, revoked, restricted, investigated, monitored or questioned in any state or country? If so, please furnish details. Failure to observe this requirement by not bringing such information to the Board of Censors will be interpreted as falsification of this application.

Optional, but helpful requirements:

1. A small recent photograph

This information will expedite the review of your credentials and a recommendation on your application to the Vigo County Medical Society, Inc.