



**LANGUAGES SPOKEN OTHER THAN ENGLISH**

---

- Yes  No **Has your license to practice medicine ever been denied, suspended, revoked, or voluntarily surrendered?**
- Yes  No **Have your privileges or employment at any health care facility or entity ever been denied, suspended, terminated, revoked or voluntarily surrendered?**
- Yes  No **Are you currently under investigation for medical misconduct by any medical society, hospital medical staff, or disciplinary, licensing or legal agency?**
- Yes  No **Have you ever been arrested or charged with any crime, offense or violation of law other than traffic violations?**

**IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN ON A SEPARATE SHEET**

**Have you ever been a member of this or any other county medical society? \_\_\_\_\_**

**County \_\_\_\_\_**

**PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**RECOMMENDED BY \_\_\_\_\_**

**My dues payment is enclosed.**  
**(Please make check payable to "SUFFOLK COUNTY MEDICAL SOCIETY")**

**Please enclose a copy of your current REGISTRATION CERTIFICATE.  
RESIDENTS AND FELLOWS NEED NOT BE LICENSED TO JOIN.  
THE COUNTY SOCIETY MAY REQUIRE OR REQUEST ADDITIONAL INFORMATION**