# Medical Society of Delaware
# Resident/Fellow Membership Application

**Email to Membership@medsocdel.org or fax to (302) 366-1354**

**Your Name** _____ ❑ **MD** ❑ **DO**
First Middle Last Maiden Name (if applicable)

**Home Address** _____

**Preferred Mailing Address**: ❑ Home ❑ Hospital **Cell Phone** _____

**DE Medical License #** _____ **AMA Med Ed#:**_____

**ECFMG Cert# (if applicable)** _____ **NPI # :** _____

**Preferred Email Address** _____
(Required) The email provided will be your MSD website login and it is also used for member communication (Constant Contact)

**Date of Birth** _____

**Gender** ❑ **Male** ❑ **Female** ❑ **Self-Describe** _____ ❑ **Prefer not to answer**

**Gender Identity** ❑ **Man** ❑ **Woman** ❑ **Self-Describe** _____ ❑ **Prefer not to answer**

**Race** Please check all that apply:
- ❑ **Black or African American**
- ❑ **American Indian or Alaska Native**
- ❑ **Asian**
- ❑ **Native Hawaiian or Other Pacific Islander**
- ❑ **White**
- ❑ **Other** _____

**Ethnicity** ❑ **Hispanic, Latinx or Spanish origin**
❑ **Not of Hispanic, Latinx or Spanish origin**

**U.S. Citizen? ❑ Yes ❑ No, please explain your status in the U.S.**_____

**Foreign Languages spoken fluently:** _____

**International Medical Graduate? ❑ Yes ❑ No Undergraduate School:** _____

**Medical School** (Name and Location) _____

**Med School Graduation Date** _____ **During medical school, were you a branch campus student?**
❑ Yes, location (hospital): _____ ❑ No

| **Education & Training** | **Hospital Name/Location** | **Specialty** | **Began (mo/yr)** | **Will End/ Ended (mo/yr)** |
|---|---|---|---|---|
| Internship | | | | |
| Residency 1 | | | | |
| Residency 2 | | | | |
| Fellowship 1 | | | | |
| Fellowship 2 | | | | |
| Other | | | | |

**Special Medical Interests** _____

**Interest in speaking on medical topics? (if so, what topics?)** _____

**Are you from Delaware?** ❑ Yes ❑ No **Apollo Youth in Medicine participant?** ❑ Yes ❑ No

**DIMER student?** ❑ Yes ❑ No

**If you use social media, which do you use to obtain current news?** _____

**How do you prefer to obtain current healthcare news?** _____

**How do you prefer MSD communicates with you?** (Check all that apply)

❑ Phone ❑ USPS Mail ❑ Email ❑ Text ❑ Social Media URL(s) _____

**Are you interested in participating in MSD's Mentorship Program?** ❑ Yes ❑ No (if yes, MSD staff will follow up with you regarding the program)

**What prompted you to apply for membership/why would you like to join MSD?**

_____

**How did you hear about MSD?**

_____

*Those deemed eligible for active membership will possess a doctor of medicine/osteopathic medicine degree or recognized international equivalent and an unrestricted license to practice medicine and surgery in the State of Delaware (as defined by the Delaware Board of Medical Licensure and Discipline). Membership eligibility is based on good moral character, professional standing, and professional ethics, as well as conduct as defined in 24 Del C., 1731(b) of the Medical Practice Act and as Title 24, Chapter 17 of the Medical Practice Act may be amended from time to time. If approved for membership, I agree to conduct myself professionally and personally according to the principles of medical ethics of the American Medical Association and to be governed by the Bylaws of the Medical Society of Delaware (MSD). By signing this application and upon approval of my membership in MSD, I understand I will receive communications (via various means) from MSD as a member of the organization.*

**Applicant's Signature** _____ **Date** _____

*By signing above and submitting this form I attest that information contained within this document is true and accurate. I certify that I know, understand, and comply with all requirements for membership in MSD. Electronic signature acceptable; typed name acts as legal signature.*

**Actions of the Society (Internal Use only)** Recruitment Code: _____ Membership Type: Resident/Fellow

Application Received: _____ Entered into Database: _____

Acknowledgement Sent: _____ Sent to COM: _____ COM Approval: _____

Listed in Newsletter: _____ ❑ Accepted ❑ Rejected Membership Approval: _____

Join Date: _____ Welcome Packet/Letter Sent: _____

Notes:

*revised 3.8.24*