

NEW YORK SOCIETY OF ALLERGY, ASTHMA AND IMMUNOLOGY, INC.

SECTION I:

Please check membership category:

$\frac{1}{2\pi}$ Associate

A physician who has completed the special study of Allergy and Immunology for the prescribed period of time as a fulltime Resident or Fellow in a training program recognized by the AMA Advisory Board of Medical specialties (or its equivalent), as one that qualified for Board Certification in Allergy. An Associate must advance to Fellowship within five years.

$\frac{1}{2\pi}$ Fellow

A physician who has been certified by the American Board of Allergy and Immunology (a conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics)

$\frac{1}{2\pi}$ Emeritus

A physician, who has been a fellow for at least 5 years, reached the age of 62 and has reduced medical practice to less than 20 hours per week.

SECTION II:

Please PRINT Personal Information:

Name: _____ $\frac{1}{2\pi}$ MD $\frac{1}{2\pi}$ DO

Practice Name (if any): _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Medical School: _____ Year of Graduation _____

Other Degree: e.g. MPH, PhD, LLD _____

Please indicate name of institute where you completed training: _____

Fellow: _____

Residency: _____ Residency Completed: _____

Are you board eligible? $\frac{1}{2\pi}$ Yes $\frac{1}{2\pi}$ No Specialty _____

Are you board certified? $\frac{1}{2\pi}$ Yes $\frac{1}{2\pi}$ No Specialty _____

Are you board certified in any sub-specialties: $\frac{1}{2\pi}$ Yes $\frac{1}{2\pi}$ No

If so, please indicate what sub-specialty: _____

SECTION III:

Required Attachments:

Please attach a copy of the following:

1. $\frac{1}{2\pi}$ New York State License to Practice Medicine
2. $\frac{1}{2\pi}$ Board Certification

SECTION IV:

Enclosure Membership Dues:

Please complete all sections of this application and return it together with a check in the amount of \$95.00 (made payable to the New York State Allergy, Asthma & Immunology Society). DO NOT USE THE ACRONYM – NYSSAAI. Send directly to: Audbrey Weissman, MD 59-10 Junction Blvd., Elmhurst, NY 11373

Thank you for your cooperation and support.

The applicant agrees that if elected to membership, they will report any change in status to the NYSSAAI management office regarding their New York State License or board certification/eligibility requirements

Signature

Date

For office Use:

Membership Application Complete () Yes

To Membership Committee:

To Board of Directors: Status:

FSU:

Misc: