



Illinois Osteopathic Medical Society

Data Sheet

Note: This information will be utilized to update your IOMS membership and website information as well as the AOA.

(PLEASE PRINT LEGIBLY)

Name:	Title: <input type="checkbox"/> DO <input type="checkbox"/> MD Other _____	AOA Member <input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse's Name:	AOA Number

HOME

Address: _____

City: _____ State: _____ Zip Code: _____ - _____ County: _____

Phone: () () () Fax: () () () E-mail: _____

WORK

Legal Name of Practice _____

Address _____

City: _____ State: _____ Zip Code: _____ - _____ County: _____

Phone: () () () Fax: () () () E-mail: _____

Preferred mailing address: Home Work Preferred web listing: Home Work

Primary Specialty: _____ Secondary Specialty: _____

Employment Setting:

Type of Practice: Please indicate the ONE type of practice in which you spend the majority of your professional time.

40 Direct Patient Care
 70 Medical Research
 60 Medical Education
 51 Consultant
 50 Administration
 31 Intern, Resident, Fellow
 55 Other Medical Activity
 90 Inactive

Type of Employment—Non-federal Physician: Please indicate the ONE type of employment that provides the majority of your income as an osteopathic physician.

20 Solo Practice
 40 Non-federal Hospital
 89 Drug Company
 95 Nonpatient Care
 23 Group (2 or more DOs/MDs)
 60 Medical School
 90 Retired
 91 Inactive
 96 Other
 59 Other Patient Care Setting
 30 Other Office or Clinic Practice
 94 Other Patient Care or Research

Type of Employment—Federal Physician: Please indicate ONE

85 Military 76 Public Health Service 79 Other Federal Government 75 Veterans Administration 74 Civilian Employee at a Military Facility

If you are in a group,

How many DOs are in your group? _____

How many MDs are in your group? _____

Are you an owner or do you have an equity interest? Yes No

IOMS Status:

Full Member
 Third Year in Practice Member
 Second Year in Practice Member
 First Year in Practice Member
 Associate Member
 Retired Member
 Honorary Member
 Resident Member
 Student Member
 Life Member

YES, I would like to be placed on the IOMS referral website!

YES, I would like to volunteer to serve on an IOMS Committee!

Please mail to the: Illinois Osteopathic Medical Society, 142 E. Ontario Street, #1023, Chicago, IL 60611

Phone: 312-202-8174 • Fax: 312-202-8224