



**Good News, Page 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fellowships \_\_\_\_\_

Clinic / Hospital \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax: \_\_\_\_\_

Pager \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax: \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Preferred Method of Contact      e-mail      fax      Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you sit on any public committees? Please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received any awards? Please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a member of any other medical societies? Please list.

\_\_\_\_\_  
\_\_\_\_\_

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Do you hold office in any other organization, hold public office or sit on a professional board? Please list:

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Undergraduate Degree and University \_\_\_\_\_

Graduate Degree and University \_\_\_\_\_

Osteopathic College and Year of Graduation: \_\_\_\_\_

Internship: \_\_\_\_\_

Residency: \_\_\_\_\_

Fellowship: \_\_\_\_\_

Special Medical Interest or Specialties \_\_\_\_\_

Research Interest: \_\_\_\_\_

Membership in Specialty Colleges: \_\_\_\_\_

Community Activities (church, hospital boards or committees, Rotary Club, etc.):

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Hobbies: \_\_\_\_\_

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Local Newspapers for press release notification: \_\_\_\_\_

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Other Pertinent Information:

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