CONNECTICUT SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS, INC.

FOUNDED 1948

Application for Membership

Connecticut Society of Oral and Maxillofacial Surgeons

Name of Applicant: _____

Office Name & Address: _____

_____ Tel.: _____

Home Address: _____

_____ Tel.:_____

Email Address: _____

Sponsors:

1. _____
2. _____

Sponsors must be members of the Connecticut Society of Oral and Maxillofacial Surgeons and are required to write a letter of recommendation. Submit letters to the office at abarretta@ssmgt.com. When possible, one of the sponsors should be from the applicant's city or town. Please contact the office via email or (860) 349-1471 if you need assistance in identifying a sponsor.

FOR OFFICE USE ONLY

Date Received:_____ Approved:_____ Disapproved_____

Recommendation:_____

_____

Signed – Chairman

Date of Birth:_____

Place of Birth:_____

Pre-Dental School, Degree, and Date of Graduation:

Other Degrees, Date, and Where Obtained:

(Internships) Residences (give dates):

Military Service, Branch, Dates of Active Duty:

Date exclusive private practice of oral and maxillofacial surgery began in state of CT:

Membership in professional societies:

Teaching Positions:

Hospital Appointments (Indicate Courtesy or Staff):

Publications:

The CSOMS bylaws require that individuals applying for active membership shall consist only of AAOMS fellows or members in-good-standing. Are you a member of American Association of Oral and Maxxillofacial Surgeons or have a pending application?

_____ Date: _____

Diplomate American Board of Oral and Maxillofacial Surgery?

_____ Date:_____

I hereby pledge myself, as a condition of membership in the Connecticut Society of Oral and Maxillofacial Surgeons, to pursue my calling with strict regard for the ethics of my profession; to place the welfare of my patients above all else; to endeavor constantly to advance in knowledge by study, interchange of thought, and attendance at clinics and society meetings; to regard scrupulously the interest of my professional brothers and render willing help to my colleagues.

I pledge myself to shun unwarranted publicity and commercialism; to make my fees in any form.

It is understood that if I violate this pledge or do not live up to the code of professional ethics, my name will be dropped automatically.

I understand that the plaque remains the property of the society and must be returned when requested as provided for in the society by-laws.

Signed:_____

Printed:_____

Date:_____

Please return application to Ali Barretta at abarretta@ssmgt.com with a non-refundable application fee of $600. If membership is grant, this fee *is* considered dues for the current year. Payments made be issued to the address below, or contact staff at (860) 349-1471 if you wish to pay via credit card.

CSOMS
PO Box 30
Bloomfield, CT 06002