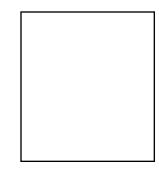
## Dayton District (III) Academy of Osteopathic Medicine 405 W. Grand Ave - Dayton, OH 45405 937-723-3438





Name:				(Attach recent	
Last	First		M.I.	picture)	
Sex Birthplace		Date	of Birth		
Specialty:					
			oplicable)		
Office Address		Home Address			
Office Telephone	H	ome/cell T	elephone		
Office Fax	S <sub>I</sub>	Spouse Name			
Pager #	UPIN #		(if appl	licable)	
MEDICAL LICENSE: State/Province	Certificate Number			Expires	
MEDICAL EDUCATION	N & TRAINING:				
Medical School	,	Completio	n Dates		
Internship		"	"		
Residency		44	"		
Postgraduate	<del></del>	44	"		
Fellowship		44	"		
Board Certification:					
Specialty			cation _		
		"			
	4	46	66		

Current Specialty Society Memberships	
Current Hospital Appointments	
Please check the appropriate box and initial	
1) Has your license to practice in any jurevoked?YesNo	urisdiction ever been denied, restricted, limited, suspended or
the District (III) Academy of Osteopathic convicted of a felony. If accepted as a me	nsed physician residing or practicing in the twelve counties in the Medicine in the State of Ohio and that I have not been ember, I agree to abide by the Constitution and Bylaws of my ic Association, and the Principles of Medical Ethics of the on the following page (initial)
limitation, probation, or any other sanctions disciplinary action by the Ohio Osteopath may result in censure, suspension or expuls requires professional societies to report	or a felony, or actions involving revocations, suspensions is or conditions imposed upon a license to practice medicine of ic Association or hospital staff, after due notice and hearing sion of a member. The Health Care Quality Improvement Accertain professional review actions that adversely affect ip to the National Practitioner Data Bank (initial)
Osteopathic Medicine, the Ohio Osteopathic officers, agents, employees and members connection with evaluating my application any liability any all individuals and organization to the above named organization.	from any liability or loss the Dayton District Academy of Association, and the American Osteopathic Association, their is for acts performed in good faith and without malice in and my credentials and qualifications and hereby release from anizations, who, in good faith and without malice providentions, or to their authorized representatives, concerning my, character and other qualifications for membership.
Signature	Date
DDAOM Of	Date approved/
Recruiting member name:	