

APPLICATION FOR MEMBERSHIP

Return this application along with dues payment to:
 Utah Medical Association, Mbrshp: 310 E 4500 S Ste 500, Salt Lake City, UT 84107.4250
 Questions? Call 801.747.3500 or send email to uma@utahmed.org



UMA

1. Personal Information

Last Name (as shown on Medical License)	First	Middle	Degree	Gender
<input style="width:100%;" type="text"/>			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Home Address City / State / Zip				
<input style="width:100%;" type="text"/>				
Home Telephone	(circle one) Cell or Pager	Birthdate (M/D/Y)	Birth Place (City / State)	Spouse's Name
()	()			

2. Professional Practice Information

<input style="width:100%;" type="text"/>	Primary Specialty	Subspecialty
Name of Practice/Clinic and Office Address		City / State / Zip
<input style="width:100%;" type="text"/>		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> None
Office Telephone	Fax	E-mail Address
()	()	
Billing Address (<i>for UMA dues invoices</i> , if not work or home)		City / State / Zip
<input style="width:100%;" type="text"/>		<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> None
UT Med Lic #	Date Issued (M/Y)	Board Certification & Year
Hospital Affiliations (Active Staff only)		
1.	2.	3.
Second Language		
<input style="width:100%;" type="text"/>		

3. Medical Education

School of Graduation	City / State	Date Completed
<input style="width:100%;" type="text"/>		
Post Graduate Programs	City / State	From Year / To Year
Internship		
Residency 1		
Residency 2		
Fellowship		

4. Membership Qualification Questions

Members agree to abide by the AMA Principles of Medical Ethics and the Economic Code of Medical Ethics for Utah Physicians. To assist us in evaluating your qualifications, please provide answers to the following questions.

If you answer "Yes" to any of these questions, please attach full information.

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever been convicted of fraud or a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation, or any other imposed sanctions or conditions? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff? |

I hereby release, and hold harmless from any liability or loss, the _____ County Medical Society and the Utah Medical Association (UMA), their officers, agents employees, and members for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership. I have read and agree to abide by the AMA Principles of Medical Ethics and the Economic Code of Medical Ethics for Utah Physicians (*see reverse side*.) If accepted for membership, I also agree to abide by the Bylaws of the society and UMA. I also consent to receive communications from the society and/or UMA via regular mail, email, phone, or fax.

Signature	Date
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

I understand that conviction for fraud or a felony, any licensure actions, or any disciplinary action by a medical society or hospital staff, after appropriate notice and hearing, may result in censure, suspension, or expulsion from membership in the Utah Medical Association and county medical society. The federal government requires professional societies to report actions that adversely affect membership, including denial of membership to the National Practitioner Data Bank.

5. First Year's Dues Payment (see reverse side for Dues Worksheet)

I have enclosed \$ as my first year's dues membership in Utah Medical Association and County Society, OR Utah Medical Association and County Society, and American Medical Association

#	\$	Rcvd	Co.		

AMA Principles of Medical Ethics

- I A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.
- II A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.
- III A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interest of the patient.
- IV A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.
- V A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.
- VII A physician shall recognize a responsibility to participate in activities contributing to an improved community.

UMA Economic Code of Medical Ethics For Utah Physicians

1. We will deliver only indicated medical care. We will neither make referrals, perform tests or diagnostic procedures, perform operations, give medications or prescriptions for medications, nor give opinions to support delivery of such medical care unless it is specifically indicated.
2. We will distinguish clearly between necessary and elective care or procedures and convey such distinction to each patient.
3. We will encourage our patients to receive necessary health care in an economically competitive setting consistent with high quality medical care.
4. We will, after having admitted a patient to a hospital or other health care facility, make every effort to discharge the patient as soon as it is possible to do so, provided the quality of medical care is not compromised. We will encourage administrators of hospitals and other health facilities to be cooperative in this endeavor.
5. In any case where we are not certain as to whether medical care is necessary we will seek advice and/or consultation from peers before delivering said medical care unless the delay of seeking consultation would compromise necessary emergency care.
6. We consider it our duty to society and to other members of the medical profession to point out any physician or other individual or institution which may be, in our opinion, delivering unnecessary medical care.
7. We invite review by our peers of our practices of health care delivery.
8. We will fully discuss with our patients or their legal guardians the expected cost of any procedure, tests, operations, medications, or other aspects of health care insofar as it is possible. We will also fully explain to patients or their legal guardians the known substantial and serious risks of alternative treatments, procedures and therapies before their undertaking insofar as it is possible. We urge all health care providers to do the same. We invite the participation of all patients in the decision-making process of his or her health needs as regards cost of care and the options open to them. We expect the patient to do his or her part in controlling costs by this discussion.
9. We will be fair in our professional charges for our services. We will relate these charges to the community in which we practice and the financial resources available for health care. We will not withhold necessary medical care from the needy regardless of their ability to pay.
10. We will not exploit third-party payors by charging more or performing more services for insured patients than we would for patients who are not insured.

Dues Worksheet

Mark your appropriate categories in Sections A and B below and add those dues sums together. **NOTE 1:** Membership in the Utah Medical Association requires membership in the County Society of the county in which you reside or practice. **NOTE 2:** You may qualify for pro-rated dues rates. Call for information.

If you wish to join AMA, mark the appropriate category in Section C, add the dues to the total from Sections A and B, and submit that amount with your ap.

A. Utah Medical Association Dues (required) (see Note 2 above)

- | | |
|--|--------|
| <input type="checkbox"/> Full Member | \$ 410 |
| <input type="checkbox"/> New Full Member
(first year of membership) | 205 |
| Full-time Academic: | |
| <input type="checkbox"/> Associate Professor | 308 |
| <input type="checkbox"/> Assistant Professor | 205 |
| <input type="checkbox"/> Instructor | 103 |
| <input type="checkbox"/> First or Second Year in Practice | 205 |
| <input type="checkbox"/> Full Time Military | 205 |
| <input type="checkbox"/> Part-time Practice
(fewer than 20 hrs. per week) | 205 |
| <input type="checkbox"/> Resident / Fellow | 20 |
| <input type="checkbox"/> Medical Student | 10 |
| <input type="checkbox"/> Affiliate (DDS, PA, PharmD, Out of State) | 308 |
| <input type="checkbox"/> Retired New Member | 82 |

Your UMA Dues

\$

B. County Society Dues (required) (see Note 2 above)

- | | |
|---|-------|
| <input type="checkbox"/> Box Elder | \$ 65 |
| <input type="checkbox"/> Cache Valley (includes Rich County) .. | 50 |
| <input type="checkbox"/> Carbon-Emery (includes Grand County) .. | 50 |
| <input type="checkbox"/> Central Utah (includes Sevier, Piute,
and western Wayne Counties) | 100 |
| <input type="checkbox"/> Davis | 115 |
| <input type="checkbox"/> Iron (includes Beaver, Garfield,
and eastern Wayne Counties) | 75 |
| <input type="checkbox"/> Medical Student Section | 10 |
| <input type="checkbox"/> Resident / Fellow Physician Section ... | 20 |
| <input type="checkbox"/> Salt Lake | 145 |
| <input type="checkbox"/> Skyline (Sanpete County) | 10 |
| <input type="checkbox"/> Southeastern Utah (San Juan County) . | 0 |
| <input type="checkbox"/> Summit-Wasatch | 75 |
| <input type="checkbox"/> Tooele | 25 |
| <input type="checkbox"/> Uintah Basin (includes Daggett,
Duchesne, and Uintah Counties) ... | 25 |
| <input type="checkbox"/> Utah (includes Millard and Juab Counties) | 50 |
| <input type="checkbox"/> Washington (includes Kane County) ... | 75 |
| <input type="checkbox"/> Weber County (includes Morgan County) | 135 |

Your County Dues

\$

Your total for UMA and County Society Dues

\$

C. American Medical Association Dues

- | | |
|---|--------|
| <input type="checkbox"/> Full Member | \$ 420 |
| <input type="checkbox"/> First Year in Practice | 210 |
| <input type="checkbox"/> Second Year in Practice | 315 |
| <input type="checkbox"/> Full Time Military | 280 |
| <input type="checkbox"/> Part-time Senior Physician | 210 |
| <input type="checkbox"/> Resident / Fellow | 45 |
| <input type="checkbox"/> Medical Student | 20 |
| <input type="checkbox"/> Retired Member (non dues-exempt) ... | 84 |

Your UMA Dues

\$

Your total for UMA, County Society, and AMA Dues

\$