



Please **TYPE/PRINT** and complete **ALL** sections.

Section I – Applicants Personal Information

Attach Photo Copy of Identification

Name: _____ Birth Place: _____
 Home Address: _____ Home Phone: _____
 City/State/Zip: _____ Email: _____

Section II – Education & Formal Pathology Training

Attach Photo Copy of Credentials

	<i>College</i>	<i>Medical School</i>	<i>Other</i>
Institution			
Address			
City/State/Zip			
Degree/Certification			
Date Received			

Note Formal Training in Pathology (List places, inclusive dates and any additional degrees)

Section III – Licenses & Certifications

Attach Photo Copy of Credentials

	<i>Issuer/Agency</i>	<i>Nature of License/Certification</i>	<i>Date Issued</i>	<i>License/Certification Number</i>
1.	Michigan			
2.	American Board of Pathology			
3.				
4.				
5.				

Section IV – Present Affiliation

Organization Name: _____ Position: _____
 Address: _____ Email: _____
 City/State/Zip: _____ Office Phone: _____
 Supervisor: _____ Start Date: _____

Total number of years in Practice of Pathology (including Residency)? _____



Section V – Previous Positions (List chronologically accounting for the past 10 years, attach separate list if necessary)

Organization Name: Position: Address: Supervisor: City/State/Zip: Office Phone: Start Date: End Date: (Two identical sets of fields)

List Scientific Publications (attach separate list if necessary):

I subscribe to, and practice in accordance with the Code of Ethics of the AMA. I understand the information provided herein is subject to verification and review by the MSP Membership Committee. All information obtained will be used for the sole purpose of determining membership eligibility.

Applicant Signature: Date:

Section VI - Payment Options: Choose method of payment.

Payment options: Credit Card (Type: Visa, MC, AMEX), Name on Card, Billing Address, Signature, MSP Website (Attach Payment Confirmation), Mailed Check. Includes a table for Accounting Only with Date Rec'd and Confirmation/Check Number.

*** FOR USE BY THE MSP MEMBERSHIP COMMITTEE ***

Application Received, Submitted to Committee, Application Complete, Michigan License, Board Certification, Committee Decision (Approved: Create VMS Account, Declined: Attach Letter of Explanation), Notify Applicant of Decision

Signature of Membership Committee Member Date One Member of the Membership Committee shall indicate approval by signing above. In case of disapproval, so indicate and return application to the Chairman of the Membership Committee with a Letter of Explanation, explaining decision.