

## **Application for candidates seeking the position of Vice Chair of the Board of Directors for the American Academy of Neurological and Orthopaedic Surgeons**

Use separate sheet of paper where necessary or indicate that information is on Curriculum Vitae, a copy of which **must** be included.

1. Full name (Include any former names used) \_\_\_\_\_
2. Address [List current place of residence and office address(es)] \_\_\_\_\_
3. Date and place of birth \_\_\_\_\_
4. Marital status (Include wife's maiden name or husband's full name) \_\_\_\_\_
5. List each college and medical school you attended, including dates of attendance, degree received and date granted.
6. Surgical specialty
7. Indicate your Board Certifications
8. Are you, or have you ever been affiliated with any teaching institutions? If so, what was affiliation? (Include position title, dates and present status)
9. Have you had any military service? (Provide particulars, including dates, branch of service, rank or rate, serial number and present status.)
10. List all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognition for outstanding service or achievement.
11. Medical societies and associations
  - a. List all medical societies and professional societies of any kind of which you are or have been a member and give the titles and dates of any offices, which you have held in such groups.
  - b. List chair positions held of any committees in medical associations and professional societies, and memberships on any committees, which you believe to be of particular significance.
12. List all organizations other than medical societies, associations or professional associations or professional societies of which you are or have been a member since completing medical school training, including civic, charitable, religious, educational, social and fraternal organizations.
13. List all states in which you have been admitted to practice, with dates of admission. Give the same information for administrative bodies, which require special admission to practice.
14. List the titles, publishers and date of books, articles, reports or other published material you have written.

15. What is the present state of your health?

16. Since you received your medical license:

- a. Have you been subject to any disciplinary action such as admonition, reprimand, suspension or termination? If yes, please provide details on separate sheet.
- b. Have you agreed to resign or accept reduction in privileges? If yes, please provide details on separate sheet.
- c. Have you personally been involved in alcohol or drug abuse? If yes, please provide details on separate sheet.
- d. Have you ever been charged with or convicted of a crime? If yes, please provide details on separate sheet. (Omit motor vehicle charges not involving alcohol or drugs)
- e. Have you been discharged from employment for any reason or have you ever resigned after being informed that your employer intended to discharge you?

17. Business or other occupation:

- a. Are you presently engaged in any business or profession other than the practice of medicine? If yes, provide details.
- b. Are you now an officer or director or otherwise engaged in the management of any business enterprise? If yes, provide details, including the name of the enterprise, the nature of the business, the title or other description of your position, and the nature of your duties and term of your service.

18. Are all your taxes, federal and state, current as of the date of this statement?

19. Have you ever declared bankruptcy or been declared bankrupt in the past 7 years? If yes, provide details.

20. Please advise of any additional information, favorable or unfavorable, which you feel should be considered in connection with your nomination.

**AFFIDAVIT**

I, \_\_\_\_\_, do swear that the information provided in this statement is, to the best of my knowledge, true and accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of candidate