



# North Carolina Society of Oral and Maxillofacial Surgeons

## Membership Application

Please complete the following application and submit with your application fee of \$150.00 made payable to NCSOMS. A recommendation by an Oral & Maxillofacial Surgeon should be mailed directly to the North Carolina Society of Oral & Maxillofacial Surgeons office. Questions may be directed to Hank Holderfield, Executive Director, or Brandi King, Executive Assistant at 770.271.0453, or you may email either of them at [hholderfield@pami.org](mailto:hholderfield@pami.org) or [bking@pami.org](mailto:bking@pami.org). All information is to be submitted to: North Carolina Society of Oral & Maxillofacial Surgeons, 4850 Golden Parkway, Ste. B-417, Buford, GA 30518.

### Personal Information

First Name

Middle Name

Last Name

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Degree(s)

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Citizenship

Date of Birth

Country of Birth

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### Address Information

Company/Organization Name

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Address 1

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Address 2

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City

State

Zip Code

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Phone Number

FAX Number

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Email Address

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## Education

### Dental:

Beginning Date	Graduation Date	Degree	
_____	_____	_____	
Name of College or University			
_____			
City	State	Zip Code	Country
_____	_____	_____	_____

### Medical:

Beginning Date	Graduation Date	Degree	
_____	_____	_____	
Name of College or University			
_____			
City	State	Zip Code	Country
_____	_____	_____	_____

## Postgraduate Training

### OMS Residency:

Beginning Date	Completion Date	Name of OMS Director	
_____	_____	_____	
Name of Institution			
_____			
City	State	Zip Code	Country
_____	_____	_____	_____

### Fellowship/Other Postgraduate:

Beginning Date	Completion Date	Name of OMS Director	
_____	_____	_____	
Name of Institution			
_____			
City	State	Zip Code	Country
_____	_____	_____	_____

## Additional Information

1. Are you a Diplomat of the ABOMS? \_\_\_No \_\_\_Yes Year \_\_\_\_\_
2. Have you ever been denied a dental, OMS or medical license? \_\_\_No \_\_\_Yes
3. Have you ever had a dental, OMS or medical license suspended or revoked?  
\_\_\_No \_\_\_Yes
4. Have you ever been convicted of a felony? \_\_\_No \_\_\_Yes

5. Have you ever been subject to any liability, judgment or credentialing action that has been or has the potential for being reported to the National Practitioner Data Bank (NPDB)? \_\_\_ No \_\_\_ Yes

If you answered yes to any question 2 – 5, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Present type of practice:

- \_\_\_ Currently a Resident  
\_\_\_ Private Practice  
\_\_\_ Full-time Faculty  
\_\_\_ Federal Service

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_ Veterans Administration Grade Level \_\_\_\_\_

\_\_\_ Public Health Services Grade Level \_\_\_\_\_

7. Dental and Medical Society and Association Memberships

\_\_\_ American Dental Association Year Joined \_\_\_\_\_

\_\_\_ American Medical Association Year Joined \_\_\_\_\_

### Declaration

I hereby pledge myself, as a condition of Membership in the North Carolina 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 association meetings; to regard scrupulously the interests of my professional colleagues and render willing help to them. It is understood that if I violate this pledge or do not live up to the code of professional conduct, my name will be dropped automatically, or I may be subjected to disciplinary action or subject to expulsion. I understand that this application and all supporting documents remain the property of the association. I understand that the certificate of membership remains the property of the society and must be returned when requested. In addition, for and in consideration of the agreement of the Association to consider my application as foresaid, I hereby and herewith waive any right to any actions at law or equity which might otherwise arise out of any rejection by the Society. I, the undersigned, state that each of the matters and things set forth by me in the above foregoing application is true in substance and in fact; and I understand that each of the matters and things above the set forth by me are material representations upon which the North Carolina Society of Oral and Maxillofacial Surgeons is entitled in evaluation of this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For office use only

Application Date Received \_\_\_\_\_

Recommendation Date Received \_\_\_\_\_

Anesthesia Evaluation Date Received \_\_\_\_\_

Application Fee Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_