

Application for Membership

Eye MDs of Kentucky

Kentucky Academy of Eye Physicians & Surgeons

8766 South Street, Suite 130, Fishers, IN 46038
 Phone: 1-866-328-0554
 Fax: 1-866-388-1057
 Email: Kim@amplus.us or Maureen@amplus.us

For Office Use Only

	Amount	Ck#	Ck Date
App. fee paid	_____	_____	_____
Dues paid	_____	_____	_____
Year of practice when joined:	1	2	3 4
Approved by Membership Chair:	Date: _____		
_____, M.D.			

Section I – Professional Information

Last Name: _____ M.D., D.O. First: _____ Middle: _____

Solo Practice Group Practice University/Clinic Other > _____

Name of PA, PC, or academic institution: _____

Names of other ophthalmologists in practice: _____

Administrator or Office Manager: _____

Office Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Office Telephone: (____) _____ - _____ Office Fax: (____) _____ - _____

e-mail: _____ @ _____ . _____

Section II – Education and Training

M.D. (university): _____ Year: _____

City: _____ State: _____

Residency (institution): _____ Year: _____

City: _____ State: _____

Fellowship: _____ Year: _____

City: _____ State: _____

Institution/Preceptor: _____

Section III – Board Certification

Are you certified by American Board of Ophthalmology? Yes > Date _____ Eligible to Sit > Date _____

Are you certified by any other Board(s)? List > _____

Section IV – Specialty of Practice

Put a “1” in the blank of your primary specialty, a “2” in your secondary, a “3” in your third area, etc.

_____ Comprehensive Ophthalmology	_____ Glaucoma	_____ Oculo-Plastics	_____ Pediatrics
_____ Cornea/External Disease	_____ Anterior Segment Surgery	_____ Retina/Vitreous	_____ Neuro

Check here if you do these procedures: PRK RK Intacs
 LASIK Corneal Rings Other _____

Section V – Other Training

Have you completed training in Ophthalmology that is not already covered under Sec. II on page one? Yes No

(If yes, please list) _____

Section VI – Medical Licensing

In what year did you receive your license to practice medicine? _____

After residency, in what year did you begin practicing ophthalmology? _____

Where did you begin practicing? City: _____ State: _____

Licensing in other states/countries

Do you hold active licenses in other states/countries? Yes No

(If yes, please list.) _____

Section VII – Memberships

Check all the appropriate boxes for memberships in other associations:

- AAO AMA KMA ASCRS Other State Ophthalmic Societies _____
- _____ County Medical Society
- _____ City Medical (or Ophthalmological Society)

Section VIII – Membership Category

- Active Life Military Part-Time Resident

(see attachment for description of membership categories)

Please read and sign:

I am a licensed doctor of medicine (or osteopathy) in good standing with the Kentucky Licensing Board of the Healing Arts, (If state other than Kentucky, please list) _____ engaging in the practice or study of Ophthalmology. I subscribe to the purposes of the Kentucky Academy of Eye Physicians and Surgeons (KAEPS) and agree to be guided professionally by its Code of Ethics. I agree to abide by the KAEPS Charter and support its Bylaws. I hereby apply for membership.

Signed: _____ Date: _____

Please include a current CV and letters of recommendation from two active KAEPS members, or one letter from an active member and one letter from the Chairman of your training program.

Personal Information – Optional

Home Address: _____ City: _____ State: _____ Zip: _____

Home Tel: (____) _____ - _____ Is this an unlisted number? Yes No Home Fax: (____) _____ - _____

Name of Spouse: _____
(First) (Last)

Section IX – Membership Categories

WHO is ELIGIBLE? Every licensed, reputable and professionally qualified Ophthalmologist (or osteopathic doctor) practicing in any state of the United States and subscribing to the purposes of the Kentucky Academy of Eye Physicians and Surgeons and agreeing to abide by its charter, support its bylaws and be guided professionally by its Code of Ethics shall be eligible for membership. Membership shall consist of two categories (voting and non-voting memberships) with four types of membership in the voting and three in the non-voting categories.

VOTING MEMBERSHIPS – All voting members may hold office in KAEPS

>**ACTIVE MEMBERSHIP.** Active members must maintain a current license to practice medicine in any one of the states of the United States to apply. Members must have completed an approved ophthalmology residency program.

>**PART-TIME MEMBERSHIP.** An ophthalmologist who works 20 hours or less per week may apply.

>**LIFE MEMBERSHIP.** An ophthalmologist who has been a member of KAEPS for 25 years, who has retired or reached the age of 70 may apply.

>**MILITARY MEMBERSHIP.** Ophthalmologists on active military duty may apply.

NON-VOTING MEMBERSHIPS – Non-voting members may not hold office in KAEPS

>**INACTIVE MEMBERSHIP.** Members, because of physical infirmity or retirement, may request to be classified as inactive. This status is granted at the discretion of the Board of Directors. Inactive members do not pay dues or may not hold office but shall be reinstated to his or her previous membership class, at the discretion of the Board of Directors without having to reapply for membership.

>**RESIDENT MEMBERSHIP.** Residents and fellows may at the discretion of the Board of Directors be extended invitations to membership in KAEPS.

>**HONORARY MEMBERSHIP.** An honorary member is any person who KAEPS deems worthy of special honor. This membership may be granted by the Board of Directors upon recommendation of the Membership Committee. Honorary members will not be required to pay dues or assessments.

APPLICATIONS SHALL BE SUBJECT TO THE REVIEW AND APPROVAL OF THE MEMBERSHIP COMMITTEE

ATTACHMENTS TO APPLICATION: A current CV and letters of recommendation from two active KAEPS members, or one letter from an active member and one from the Chairman of your training program.

Section X - Dues

KAEPS 2004 Membership Dues:

Active Dues

1st Year out of Residency----- \$100.00
 2nd Year out of Residency----- \$247.50
 3rd Year & thereafter ----- \$495.00

Part-time----- \$247.50
 Life Member----- \$0
 Military ----- *Waived* if on active duty

Dues are based on the calendar year, and are delinquent on April 1st of the dues year. A member who is delinquent for a period of one month will be notified and given 30 days to clear his/her account; after this period of time, the member will be dropped from the membership. I have read the application and hereby apply for membership in the Kentucky Academy of Eye Physicians and Surgeons (KAEPS).

Signature: _____ Date: _____

Section XI - Payment

CHECK ENCLOSED FOR \$ _____ CHECK NO. _____

CREDIT CARD PAYMENT. Check Type of Card MASTERCARD VISA (WE ONLY ACCEPT MASTERCARD & VISA)

Please print clearly

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ AMOUNT AUTHORIZED \$ _____

NAME ON CARD: _____

ADDRESS OF CARDHOLDER _____

CITY _____ STATE _____ ZIP _____ + _____

SIGNATURE OF CARDHOLDER _____ TEL. NO. FOR CONTACT (_____) _____ - _____

Please return a copy of this entire completed Membership Application (3 pages) with your check or this completed credit card authorization to: KAEPS, 8766 South Street, Suite 130, Fishers, IN 46038. Telephone (866) 328-0554.