

Additional training:

Hospital Appointments & Type of Practice:

• Solo, Group, Clinic: _____

• Medical School Appointment _____

• Present Staff Position:

Hospital _____

From _____ To _____

Member of Following Medical & Surgical Societies:

Board Certification:

Internal Medicine ____ No ____ Yes/Date _____

Cardiology ____ No ____ Yes/Date _____

(A copy of your internal medicine certificate must be attached to this application.)

Signatures from two members of MSTCVS:

1) _____

2) _____

**Please return application
and \$100 membership fee to:**
MSTCVS
c/o Angie Kemppainen, Executive Director
120 W. Saginaw
East Lansing, MI 48823
Phone: 517-336-7586
Fax: 517-337-2490
akemppainen@msms.org

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| Office Use Only Date app. rec'd _____ Date mailed to exe. comm. members _____ Committee Action: Approved: _____ Deferred: _____ Dropped: _____ ____ Associate |
|--|