

CURRENT HOSPITAL STAFFS (PLEASE CHECK ALL THAT APPLY):

ALLIANCE COMMUNITY

AULTMAN

AFFINITY MEDICAL CENTER

MERCY MEDICAL CENTER

Has your license to practice in any jurisdiction ever been denied, restricted, limited, suspended or revoked; have you ever been reprimanded by a licensing agency; or have you ever surrendered your license? YES NO

I hereby certify that I am a legally registered physician, residing or practicing in Stark County in the state of Ohio and that I have not been convicted of a felony. If accepted as a member, I agree to abide by the Constitution and Bylaws of the SCMS and the OSMA, and the *Principles of Medical Ethics of the American Medical Association*.

SIGNATURE _____ **DATE** _____

Please attach
PHOTO for Pictorial DIRECTORY

Or email your photo
(pdf file) to
starkmedical@
ameritech.net