



MASSACHUSETTS ACADEMY OF DERMATOLOGY

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Web: www.massacademyofdermatology.org

2009 – 2010 MEMBERSHIP APPLICATION

Name _____ Birth date _____
Home Address _____ Phone _____
Office Address _____ Phone _____
Fax Number _____ Email Address _____
Place of Birth _____ Citizenship _____
Marital Status _____ Name of Spouse _____
Practicing with whom and nature of affiliation _____

Premedical education

College/University _____ Degree _____
Date of Graduation _____ Honors _____

Medical education

College/University _____ Degree _____
Date of Graduation _____ Honors _____

Additional postgraduate education

College/University _____ Degree _____
Date of Graduation _____ Honors _____

Internship

Dates _____ Type _____
Hospital / Address _____

Residencies, fellowships, preceptorships, teaching appointments

Dates _____ Type _____
Hospital / Address _____
Dates _____ Type _____
Hospital / Address _____
Dates _____ Type _____
Hospital / Address _____

Current hospitals and medical staff appointments

Hospital / Address _____
Capacity _____
Hospital / Address _____
Capacity _____
Hospital / Address _____
Capacity _____

Membership in Medical Societies

AMA ___yes ___ no Mass Medical ___yes ___ no NE Dermatological Society ___yes ___ no

Other non-dermatological societies:

Name / Address _____

Name / Address _____

Name / Address _____

Fellowships:

American College of _____ Date _____

American College of _____ Date _____

Certification:

American Board of Dermatology ___ no ___ yes Date _____

American Board of (name) _____ Date _____

Board eligible (name of board) _____

Licensing:

Massachusetts (expiration date) _____ License Number _____

Memberships:

American Academy of Dermatology ___yes ___ no

Other (please list) _____

Signature _____ Date _____

Kindly provide a letter of recommendation from one active member of the Massachusetts Academy of Dermatology testifying to your education, practice and moral character.

Please send your completed application and recommendation letter, along with a check for \$250 (first year’s dues) made payable to Massachusetts Academy of Dermatology to

**Daniel Finn, MD
400 Washington Street
Braintree, MA 02184**

Thank you.