

Chicago Gynecological Society Proposal for Fellowship

Fellowship Requirements

Active

- Resides in _____
- Diplomat of the American Board of Obstetrics and Gynecology
- Diplomat of the American Osteopathic Board of Obstetrics and Gynecology
- Fellow of the American College of Obstetricians and Gynecologists

Associate

- Resides in _____
- Resident in an approved program
- Fellow in an approved program
- Active candidate for Board certification in obstetrics and gynecology

Active Affiliate

- Other women's healthcare affiliation
Please Explain Position _____

Proposed By (Member Name): _____

Personal Information

Name: Ph.D. M.D. D.O. Date of Birth: _____

Mailing Address: _____

City, State, Zip: _____ Email: _____

Business Phone: _____ Fax: _____

Training and Certification

Residency Program Attended _____ City, State _____ Dates _____

Fellowship Program Attended _____ City, State _____ Dates _____

Certification Status Certified (date) _____ Active Candidate N/A

Hospital Affiliations

Hospital/Medical Center, City, ST _____ Attending Status _____ Dates _____

*Please complete the application/ payment and send to: Abigail Galvin
515 N. Dearborn St., Chicago, IL 60654 (P) 312-329-7326 (F) 312-670-3646
(E) agalvin@cmsdocs.org. Regular Dues: \$400 (includes 4 dinner credits)*