

NAAMA Scientific and Professional Data Bank Application

APPLICANTS— Physicians, Dentists, Pharmacists, Nurses, Scientists and Researchers, Public Health and Social Workers, Administrators, Allied Health Professionals, Students

Description

The information gathered will help NAAMA to identify scientific and professional talent and expertise in individuals who choose to be engaged in future NAAMA sponsored activities.

Criteria

Members or would be members of NAAMA, who have the knowledge and the desire to participate are invited to submit detailed information, about their scientific and professional accomplishments, which will be entered in the database and updated periodically. This will consist mostly of references for published articles and abstracts, books or book chapters, ongoing grant-supported studies, scientific lectures and seminars held, as well as expertise claimed of professional or administrative nature.

Application requirements

- Applicants must submit a completed application – **all responses must be completed on this form**
- Curriculum vitae (limited to two pages), may be attached
- Electronic format is preferable for the application submission. You may request a “Data Bank Application” by e-mailing NAAMA@NAAMA.COM .

Name:

Address:

City, State & Zip:

Home phone

Business phone

E-mail

Pager number

Medical school or residency/fellowship Program

Address

Briefly, please describe any responsibility you may have in each of the following fields

Leadership positions	Positions held	Describe your duties
A. Academia		
B. Community		
C. Professional		
D. Other medical societies		
E. Other		

	Book or Chapter Title:	Publisher and Year Published:
1		
2		
3		
4		
5		

Non-medical publications can be added to this section

Please list three topics you believe you would qualify as an “expert” in (most comfortable to lecture about):

1	
2	
3	

List any active research projects:

	Topic:	Funding:	Time frame:
1			
2			
3			

Abstracts

	Abstract Title:	Venue:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Membership status

Please identify your membership status in the following organizations (for information only):

- NAAMA
- National specialty society
- State medical society
- AMA

Please identify:

Applicant's Name / signature:

Date:

Return completed application to:

NAAMA@NAAMA.COM use subject heading "Data Bank Application"