

***MEDICAL SOCIETY OF THE STATE OF NEW YORK***  
***Submission Requirements of an Application***

The application must be typed with at least 1" margins (top, bottom and sides) using 11 point type or **larger**. If the application is produced on a computer, type the topics from the Outline in bold clearly separated from the type style (font) of your answers.

**When the application materials have been assembled, they should be placed in a single 2" three ring binder. The Sections of the Report should be tabbed and correspond with the Outline. Please be sure each page in the binder is consecutively numbered. Include a Table of Contents using these page numbers. The name (or abbreviation) of your organization should appear with the page number on each page.**

Please submit a total of four copies in separate binders of the completed application. Be sure to keep a separate copy for your use during the survey.

For proper processing the applications should be mailed to:

**Michele Sellie, Education Specialist  
Medical Society of the State of New York  
One Commerce Plaza, Suite 1103  
Albany, New York 12210**

## **APPLICATION EXPENSES**

The application fee is \$1,000. A check made out to the Medical Society of the State of New York should be sent with the application materials. In addition, you are responsible for your expenses of the site survey and for the survey team if an on-site visit, or activity review, is necessary. Those expenses will be paid by the Medical Society of the State of New York and billed to your organization for reimbursement after the survey.

Revised 2004