

WHO is ELIGIBLE?

BENEFITS of MEMBERSHIP

To be eligible for this category, you must:

1. Reside in New York State;
2. a) Hold a medical school diploma from a US or Canadian school;

OR

- b) Hold a medical school diploma from outside the US or Canada and attest to having passed Step 1 and Step 2CK of the USMLE (effective dues years 2022, 2023 and 2024);
3. Have not yet entered residency training or been employed as a physician in New York State.

MAXIMUM TIME in this category is 3 years.

DUES for 2023

\$46

If you reside in **Bronx, Chautauqua, Erie, New York** (Manhattan) or **Westchester County**, you are required to join the county medical society (CMS) as well.

Total, **Bronx** CMS and MSSNY....\$71
Total, **Chautauqua** CMS and MSSNY....\$74
Total **Erie** CMS and MSSNY....\$74
Total, **Monroe** CMS and MSSNY....\$60
Total, **New York** CMS and MSSNY....\$76
Total, **Westchester** CMS and MSSNY....\$78

The county society may require or request additional information.

Network

Join a MSSNY committee and interact with likeminded colleagues www.mssny.org/About MSSNY/Committees.

Information Delivered to You

Keep abreast of vital news for the physician community through

- **The Daily**, a digest of clinical and other health-related news items with links to full articles in major news publications
- **MSSNY Pulse**, a weekly electronic bulletin with updates on the week's developments and reports public health and legislative issues

Advocacy

MSSNY's legislative experts and lobbyists advise and advance the objectives of physicians with local, state and federal governments

Quality educational programs

- Numerous online courses
- Morning, evening and lunch hour webinars on clinical and advocacy topics offered monthly

Legal Services

MSSNY attorneys are just a phone call away when members need legal and contractual assistance – discounts apply.

Insurance

Special discounts and benefits for MSSNY members. Disability, Life insurance, Long Term Care, Home, Auto, Umbrella.

Additional Benefits

- Physician contract review
- Peer support for stress related issues
- Brooks Brothers discounts on quality clothing

Please charge: Visa MasterCard Discover
American Express **AMOUNT \$** _____

Card # _____

Security Code _____ Exp Date _____

Name on Card _____

Signature _____

APPLICATION FOR POST-MEDICAL GRADUATE MEMBERSHIP

Please fill out whatever is applicable, and mail to MSSNY at address on cover:

NAME _____
Last First Middle

E-Mail Address _____ Male Female

MAILING ADDRESS _____

City State Zip

CELL PHONE # _____ FAX # _____

DATE OF BIRTH _____

MEDICAL SCHOOL _____
(Full name) Name

City Country

YEAR GRADUATED _____ DEGREE GRANTED _____ ECFMG # _____

CHRONOLOGICAL LIST OF ACTIVITIES SINCE MEDICAL SCHOOL

Please leave no unexplained intervals. Attach a separate sheet if necessary

DATES	PLACE	POSITION HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been arrested or charged with any crime, offense or violation of law other than traffic violations? If yes, please explain on a separate sheet. Yes No

PLEASE CHOOSE ONE:

- I attest to having passed Step 1 and Step 2CK of the USMLE
 My US medical school diploma is attached

SIGNATURE _____ DATE _____

My dues payment is enclosed (see reverse)



THE MEDICAL SOCIETY OF THE
STATE OF NEW YORK

Application for

POST MEDICAL GRADUATE MEMBERSHIP

865 Merrick Ave
Westbury NY 11590
516-488-6100 EXT 403
800-523-4405 EXT 403
FAX 516-282-7099