

## **NCMS Dues-Exempt Resident Program Option**

### *To Activate Your Program's NCMS Membership...*

1. Please complete a program enrollment confirmation form and return to NCMS Dept. of Membership Services at fax (919) 833-2023; or email [jdavis@ncmedsoc.org](mailto:jdavis@ncmedsoc.org).
2. Please provide a roster of your training program's participants to the NCMS to begin their membership. The following information is required for each trainee:
  - Full Name
  - Home Address and Telephone
  - Date of Birth
  - Gender
  - Medical School and Graduation Date
  - PGY Year Number
  - Training Start Date (MM/DD/YYYY)
  - Training End Date (MM/DD/YYYY)
  - NC Training License Number
  - Email address\* (Email address is needed to obtain the online benefits and newsletters. The NCMS does not distribute email addresses to third parties.)

Your program's membership can be processed faster if the roster is submitted electronically to [jdavis@ncmedsoc.org](mailto:jdavis@ncmedsoc.org). MS Word, Excel, or text formats are acceptable. Incomplete information may delay your program's enrollment.

3. NOTE: Residents/fellows NCMS postal mail will be sent to the home address.

Questions? Please contact....

NCMS Member Services Department

PO Box 27167, Raleigh, NC 27601

919-833-3836; 800-722-1350, or email [jdavis@ncmedsoc.org](mailto:jdavis@ncmedsoc.org)

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### *About Your Enrollment*

- ✓ Upon submission of your program's information to the NCMS, residents/fellows in your program will be enrolled within their applicable county medical society and the North Carolina Medical Society (NCMS). The NCMS requires a signed application from each member and your residents/fellows will receive this application under separate cover with instructions. They will also receive information about how to log on to the members-only area of the NCMS website where they can update their personal and contact information at any time during their membership.
- ✓ Your program's resident/fellows enrollment covers the county society and the North Carolina Medical Society (NCMS) membership, at no cost to your program.
- ✓ When your group enrollment is processed, the residents/fellows online subscriptions to the *NCMS Bulletin* and the *North Carolina Medical Journal* will be activated. The residents/fellows in your program will receive an NCMS membership card and certificate under separate cover.
- ✓ We need your help to keep your residents/fellows membership current. Please provide updates on your residents/fellows (new residents/fellows in the program, those who have left the program, or changes in start or end training dates) whenever you receive them to:

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PO Box 27167, Raleigh, NC 27601

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**NCMS Dues-Exempt Resident Program Option – NEW Programs**  
**RESIDENT PROGRAM ENROLLMENT– CONFIRMATION FORM**

<b>Date:</b>	
<b>Initial Contact from:</b>	
<b>Program Name:</b>	This is a <input type="checkbox"/> Residency Program <input type="checkbox"/> Fellowship Program
<b>Is this a Combined Program with another institution?</b>	<input type="checkbox"/> Yes/Institution Name(s) _____ <input type="checkbox"/> No <i>(In the case of a combined program, the trainee will be counted in the institution that first contacted NCMS about a program enrollment)</i>
<b>Program Institution:</b>	
<b>Address:</b>	
<b>Telephone/Fax/Email:</b>	
<b>Physician Program Director Name &amp; Contact Information (including email):</b>	
<b>Program Administrator Name &amp; Contact Information (including email):</b>	
<b>Name(s) of Chief Resident:</b>	
<b>Total Residents or Fellows in Program:</b>	

By returning this form I am confirming my program's participation in the NCMS & county society resident dues-exempt program option.

☐ Check here if you have questions about the enrollment (NCMS staff will contact you).

Authorized Individual (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the NCMS, PO Box 27167, Raleigh, NC 27611. You can also fax the forms to 919-833-2023. Questions? Please contact the NCMS Member Services Department, phone 919-833-3836; 800-722-1350, or email [jdavis@ncmedsoc.org](mailto:jdavis@ncmedsoc.org).**