



Kentucky Association of Medical Oncology

Executive Office

550M Ritchie Highway, #271, Severna Park, MD 21146

Phone: (502) 991-8458 | Fax: 410-544-4640

<https://kentuckyoncology.org/>

The Kentucky Association of Medical Oncology now offers FREE memberships to oncologists and allied oncology professionals.

APPLICATION FOR MEMBERSHIP

Save this form to your computer, complete, and mail to the address shown above. If you have any questions, please contact the Membership Department, at (502) 991-8458.

SELECT THE TYPE OF ANNUAL MEMBERSHIP:

- Regular:** Physician oncology and/or hematology specialist who is licensed, certified or eligible to be certified, and practices in Kentucky.
- Associate:** Allied healthcare professionals including but not limited to registered nurses, nurse practitioners, physician assistants, pharmacists, cancer registrars, administrators, office managers, or other health professionals.
- Fellow:** Healthcare professional participating in an oncology sub-specialty training program in KY.
- Retired:** Individual eligible to be a Regular member but is no longer practicing oncology.

FIRST NAME & MIDDLE INITIAL: _____

LAST NAME: _____

SUFFIX: _____

DEGREE _____

TITLE: _____

INSTITUTION: _____

DEPARTMENT: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP CODE: _____

PHONE AND FAX (+ AREA CODE): _____

MAIN EMAIL: _____

SECONDARY EMAIL: _____

SPECIALTY: _____



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PRACTICE ADMINISTRATOR: _____

PRACTICE ADMINISTRATOR'S EMAIL: _____

CHECK PRACTICE VENUE: ACADEMIC HOSPITAL OFFICE BASED

Position Type/Role: (Check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Medical Oncologist | <input type="checkbox"/> Neuro Oncologist | <input type="checkbox"/> GYN Oncologist | <input type="checkbox"/> Radiation Oncologist |
| <input type="checkbox"/> Hematologist | <input type="checkbox"/> Surgical Oncologist | <input type="checkbox"/> <u>Nurse</u> | <input type="checkbox"/> Radiation Therapist |
| <input type="checkbox"/> Radiologic Technologist | <input type="checkbox"/> Mid-Level Provider | <input type="checkbox"/> Medical Dosimetrist | <input type="checkbox"/> Chemo Nurse |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Office Manager | <input type="checkbox"/> Business Staff | <input type="checkbox"/> Billing/Coding |
| <input type="checkbox"/> Fellow | <input type="checkbox"/> Resident | <input type="checkbox"/> Advanced Practice Provider | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Pathologist | |
| <input type="checkbox"/> Other _____ | | | |

I'D LIKE TO SERVE IN A LEADERSHIP POSITION: YES NO

I attest that I meet the qualifications of the membership category for which I am applying, and that I will uphold the purpose(s) of Kentucky Association of Medical Oncology

Signature

Date

Mail this application to: Kentucky Association of Medical Oncology ; 550M Ritchie Highway, #271, Severna Park, MD 21146
