



# Oklahoma Society of Clinical Oncology

14601 East 88th Place North, Suite 306

Owasso, OK 74055

Phone: 918-274-8374 Fax: 918-274-8354

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[www.oscoOK.org](http://www.oscoOK.org)

## 2017 Application for Physician Membership

Please complete the information so we can update our files and make sure our information is accurate, for the OSCO website. Only the **highlighted** information will go on the website.

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Website: \_\_\_\_\_ Office Manager: \_\_\_\_\_

Office Address #1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Medical School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Residency School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Fellowship School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Board Certified: Yes \_\_\_\_\_ No: \_\_\_\_\_

Name of Board: \_\_\_\_\_

Subspecialty(s): \_\_\_\_\_

Current Hospital (s) where you have Privileges:

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In the space provided, please briefly describe the nature of your oncology activities, including a description of your medical practice, specific interests, and percent of time devoted to cancer patients.

Please suggest some topics and/or speakers you would like to see at an OSCO educational meeting:

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OSCO needs help in the following areas. Please indicate if you are interested in helping.

<input type="checkbox"/> Legislative Issues	<input type="checkbox"/> Payor Advisory	<input type="checkbox"/> Programs/Education
<input type="checkbox"/> Planning	<input type="checkbox"/> Membership	<input type="checkbox"/> Website
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Oncology History	<input type="checkbox"/> Board Members

We also need a picture (280x280 or larger in jpg or tif form) of you for the OSCO website – please Email them to [Amy@mjexecgmt.com](mailto:Amy@mjexecgmt.com)

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

All Annual Dues: **FREE**

**Please return completed information:**

**OSCO**  
**14601 East 88th Place North, Suite 306**  
**Owasso, OK 74055**

**Questions:**

Call: 918-274-8374

Fax: 918-274-8354

Email: [maryjo@mjexecgmt.com](mailto:maryjo@mjexecgmt.com)