



# Residency Program Starter Package

Residency Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

Program City, State, and Zip: \_\_\_\_\_

ACGME Number: \_\_\_\_\_ AOA Number: \_\_\_\_\_

Program Director Name: \_\_\_\_\_

Program Director Email: \_\_\_\_\_

Program Administrator Name: \_\_\_\_\_

Program Administrator Email: \_\_\_\_\_

Program Administrator Phone: \_\_\_\_\_

Number of Resident Positions: \_\_\_\_\_

## Method of Payment

Check enclosed  Make check payable to "Society of Teachers of Family Medicine"

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Card Type:  Visa  AMEX

Email Receipt to: \_\_\_\_\_  Mastercard  Check

**Mail:** Emily Walters

Society of Teachers of Family Medicine  
11400 Tomahawk Creek Parkway, Suite 240  
Leawood, KS 66211

**Fax:** 913.906.6096



# Membership Enrollment

## Member #1

Name: \_\_\_\_\_ Gender:  M  F DOB: \_\_\_/\_\_\_/\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

### Membership Type

- Physician
- Other Fam Med Educator
- Associate Member
- International Member
- Fellow Member
- Resident Member
- Student Member

### What is your race/ethnicity?

- American Indian or Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Black or African American
- Hispanic, Latino, or Spanish Origin
- White
- Multiracial
- Other
- I choose not to disclose

### Professional Role? (Check all that apply)

- Behavioral/Social Science Specialist
- Coordinator/Admin Staff
- Department Chair
- Fellow
- Health Educator/Dietician
- Medical Student
- Medical Student Education Director/ Clerkship Director
- Medical Student Education Faculty
- Nurse Practitioner
- Nurse/Medical Assistant
- Pharmacist
- Physician Assistant
- Practicing Physician
- Researcher
- Residency Director
- Residency Faculty
- Resident
- Retired
- None of the above

### Work Setting:

- I work for an Association
- I work in Private Practice
- I work for a Government Agency
- I do not work for an association, government agency or in private practice

Preferred Mailing Address  Home  Office

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_



# Membership Enrollment

## Member #2

Name: \_\_\_\_\_ Gender:  M  F DOB: \_\_\_/\_\_\_/\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

### Membership Type

- Physician
- Other Fam Med Educator
- Associate Member
- International Member
- Fellow Member
- Resident Member
- Student Member

### What is your race/ethnicity?

- American Indian or Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Black or African American
- Hispanic, Latino, or Spanish Origin
- White
- Multiracial
- Other
- I choose not to disclose

### Professional Role? (Check all that apply)

- Behavioral/Social Science Specialist
- Coordinator/Admin Staff
- Department Chair
- Fellow
- Health Educator/Dietician
- Medical Student
- Medical Student Education Director/ Clerkship Director
- Medical Student Education Faculty
- Nurse Practitioner
- Nurse/Medical Assistant
- Pharmacist
- Physician Assistant
- Practicing Physician
- Researcher
- Residency Director
- Residency Faculty
- Resident
- Retired
- None of the above

### Work Setting:

- I work for an Association
- I work in Private Practice
- I work for a Government Agency
- I do not work for an association, government agency or in private practice

Preferred Mailing Address  Home  Office

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_



# Membership Enrollment

## Member #3

Name: \_\_\_\_\_ Gender:  M  F DOB: \_\_\_/\_\_\_/\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

### Membership Type

- Physician
- Other Fam Med Educator
- Associate Member
- International Member
- Fellow Member
- Resident Member
- Student Member

### What is your race/ethnicity?

- American Indian or Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Black or African American
- Hispanic, Latino, or Spanish Origin
- White
- Multiracial
- Other
- I choose not to disclose

### Professional Role? (Check all that apply)

- Behavioral/Social Science Specialist
- Coordinator/Admin Staff
- Department Chair
- Fellow
- Health Educator/Dietician
- Medical Student
- Medical Student Education Director/ Clerkship Director
- Medical Student Education Faculty
- Nurse Practitioner
- Nurse/Medical Assistant
- Pharmacist
- Physician Assistant
- Practicing Physician
- Researcher
- Residency Director
- Residency Faculty
- Resident
- Retired
- None of the above

### Work Setting:

- I work for an Association
- I work in Private Practice
- I work for a Government Agency
- I do not work for an association, government agency or in private practice

Preferred Mailing Address  Home  Office

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_