

TEXAS ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS

PROPOSAL FOR FELLOWSHIP

Name: _____ Date of Birth: _____

Office Address: _____ Office Phone: _____

City, State/Zip: _____ Fax: _____

E-mail: _____

Medical Education: (School, Dates, Degree): _____

Internship/Residencies (Program/Hospitals, Dates): _____

Post-Graduate Study (Program/Hospitals, Dates): _____

Passed Part I, Examination of the American Board of OB/GYN? _____ YES _____ NO _____ Date

Date Private Practice Began in Present Locality: _____

Percentage of Private Practice Devoted to Obstetrics and/or Gynecology: _____ Teaching _____

Appointments/Contributions to Ob/Gyn Publications (Attach separately if necessary): _____

Hospital Affiliations: _____

Licensed in Texas? _____ YES _____ NO _____ Texas License Number _____

Medical Society Memberships: (if ACOG fellow, please put ACOG # if known) _____

Date Submitted: _____ Applicant's Signature: _____

Endorsements: (Not needed if currently ACOG Fellow or Junior Fellow)

(1) _____ (2) _____
Name of TAOG Sponsor (please print) Name of TAOG Sponsor (please print)

Signature of TAOG Sponsor Signature of TAOG Sponsor

Date Date

See back of form for membership qualifications

Please enclose a check for \$200 for dues or send Mastercard/Visa/Am Ex information including expiration date

**RETURN TO: Executive Office, Texas Association OB/GYN
141 Idlewild Creek Road
Sweetwater, TX 79556
Phone: (325) 235-1959 Fax: (325) 235-4687**

Membership qualifications as specified in Article I, Section 1 of the Association Bylaws:

“(a) Fellows can hold office, are part of the general membership, and can vote.

(b) They must be residents of the state of Texas and licensed to practice in the state of Texas except members of Government and armed forces.

(c) They must have graduated from an accredited ob/gyn residency program. Current Fellows/Life Fellows as of the date of these bylaws (April 1, 2006) are grandfathered.

(d) They must have practiced continuously for three (3) years in present locality, or passed the written ABOG exam (someone who is outstanding in achievements or training may be admitted to active status without the three (3) year requirement at the discretion of the Executive Council).

(e) 100% of the Fellow’s practice must be limited to one or both of specialties of obstetrics or gynecology.

(f) The candidate’s name must be proposed in writing by two Fellows in good standing (If the applicant is an active Fellow or Junior Fellow in good standing of ACOG, no sponsoring signatures are required).

(g) An application must be filled out and submitted by the candidate (including such information as age, school, graduation date, list of publications, etc.) and will be available to Executive Council.

(h) The Secretary-Treasurer will review the applications and submit the candidates to the Executive Committee for approval prior to presentation of the candidates at the annual meeting. The quorum will consist of 2/3 of affirmative of all members present at the meeting.

(i) All names will come before the Executive Committee and needs a 2/3 vote approval by the Executive Committee before presentation to the members at the annual meeting.

(j) First years’ dues are required to be submitted with application and will be refunded if the application is denied.

(k) The Secretary-Treasurer will notify the candidate the outcome of the vote, and if a favorable vote, a membership certificate will be issued; in the event of an unfavorable vote, the application fee/first year dues will be refunded.

(l) No individual will be elected to membership who has not been cleared through and recommended by the Executive Council.