



**Please provide the following information, allowing NAMS to better serve the needs of its members.**

**Profession (choose only one):**

- Administrator
- Educator
- Exercise Specialist
- Healthcare Industry
- Mental Health Professional
- Nurse
- Nurse Practitioner
- Other: \_\_\_\_\_
- Nurse Midwife
- Nutritionist
- Pharmacist
- Physician
- Physician Assistant
- Publishing/Writing
- Researcher

**Primarily involved in (choose only one):**

- Clinical Practice
- Research
- Other \_\_\_\_\_

**Specialty (choose only one):**

- Menopause
- Obstetrics/Gynecology
- Gynecology
- Reproductive Endocrinology
- Endocrinology
- Geriatrics
- Family Practice
- Internal Medicine
- Cardiology
- Mental Health
- Urology
- Public Health
- Other: \_\_\_\_\_
- Radiology
- Rheumatology
- Women's Health
- Bone Health
- Oncology
- Fitness
- Nutrition
- Statistics
- Epidemiology
- Pharmaceutical Industry
- Sexual Health

**NAMS occasionally rents the names and postal addresses of its members to third parties for educational mailings, provided the contents are approved by the NAMS Board of Trustees. Do you wish to receive these mailings?**

- Yes
- No

**Do you wish to receive the following email alerts from NAMS?**

- General NAMS news and notices
- First to Know*® monthly e-newsletter (scientific news with expert commentary)
- Menopause e-Consult*® quarterly e-newsletter (clinical questions and cases with expert commentary)

**Mail to:**

The North American Menopause Society  
5900 Landerbrook Drive, Suite 390  
Mayfield Heights, OH 44124  
USA

**Telephone** 440/442-7550

**Fax** 440/442-2660

**Email** info@menopause.org

**Website** www.menopause.org

**Please complete the following:**

**1. Do you have a valid and unrestricted license for clinical practice?**

- Yes
- No
- Not applicable

**2. Do you have a valid and unrestricted DEA Registration Number?**

- Yes
- No
- Not applicable

**3. Have you ever been denied membership or reappointment to the medical staff of any hospital or have your privileges ever been suspended, curtailed, or revoked?**

- Yes
- No
- Not applicable

**4. Have you ever been: (i) convicted of healthcare fraud or a healthcare-related crime; (ii) suspended, sanctioned, restricted, or excluded from participating in any private, federal, or state health insurance program; (iii) convicted of theft or embezzlement relating to a healthcare program; (iv) convicted of any crime in the course and scope of your professional employment?**

- Yes
- No

**5. Have any adverse circumstances occurred that prevent you from obtaining malpractice insurance?**

- Yes
- No
- Not applicable

**6. Have you ever been convicted of a felony?**

- Yes
- No

**If you answered "No" to questions 1 or 2 or "Yes" to any of questions 3–6, please explain:**

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Name (please print)

Signature

Date

**Please indicate if you would like your name to be added to the NAMS Website "Find a Menopause Clinician" list:**

- No, please do not include me in the list.
- Yes, list me using the information on this application.
- Yes, list me using the following contact information:

Address

City, State, Zip/Postal Code, Country

Telephone