

Cleveland Academy of Osteopathic Medicine

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Online at www.caomed.com

Young Physician Data Sheet

The information that you provide to the Cleveland Academy of Osteopathic Medicine (hereafter referred to as 'CAOM') is used for our purposes only. Upon your request your information will be shared with companies that CAOM is partnered with to provide member services (for example, if you are interested in receiving a life insurance quote your information will be shared with the insurance agent/agency with whom we are partnered to provide services to our members). The information that we gather is used for mailings, invitations, newsletters and CME events. We are currently in the process of putting out a directory. Data included in the directory will be name, training site and specialty. **PLEASE FAX OR MAIL YOUR COMPLETED FORM TO CAOM.**

Name: _____

AOA Number: _____

Training Hospital: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____ @ _____ . _____

Best way to contact you with information: Email / Mail

Phone/Pager: (_____) _____

Alt. Phone/Pager: (_____) _____

Osteopathic College: _____

Date Grad./Anticipated: _____

Specialty: _____

Please indicate your interests below:

Yes No I would like to serve on the Young Physicians Committee

Yes No I am interested in serving on the Executive Committee

“Growing with CAOM”