Membership Application

Personal Information (Please Print)

Prefix | First Name | Middle Initial | Last Name (Surname) | Designation (MD, RN, PharmD, etc.) | Profession

Institution Name | Title

Address

Office Number/Street/Suite ◯ Preferred | City/State/Province | Zip | Country

Home Number/Street/Suite ◯ Preferred | City/State/Province | Zip | Country

Phone/Email

Business Phone Number ◯ Preferred | Business Email ◯ Preferred

Home Phone Number ◯ Preferred | Home Email ◯ Preferred

Certifications

Board Certification(s)/License(s) & Year:_____ Subspecialty Board & Year:_____

Privacy Statement:
SCCM periodically rents its membership list to third parties that wish to promote educational courses, publications, and other products or services that are of interest to critical care practitioners. If you wish to be included , *please check here* ◯
SCCM would like to provide you updates on educational courses, publications, products, and other critical care news via email. If you wish to be included, *please check here* ◯

Chapters

Membership includes the option to join one of 12 state and regional chapters for an additional fee of $45 U.S.

- ◯ Baltimore
- ◯ Carolinas/Virginias (NC, SC, VA, WV)
- ◯ Florida
- ◯ New Jersey
- ◯ New Mexico
- ◯ North Central (IA, MN, ND, SD, WI)
- ◯ Northeast (CT, MA, ME, NH, NY, RI, VT)
- ◯ Northern California
- ◯ Southern California
- ◯ Ohio
- ◯ Oregon
- ◯ Pennsylvania
- ◯ Southeast (AL, AR, GA, KY, LA, MS, TN)
- ◉ Texas

Demographic

Primary Employment Settings
- ◉ Government Hospital/Clinic
- ◯ Medical School/University
- ◯ Non-Government Hospital/Clinic
- ◯ Pediatric/Multispecialty Group Practice
- ◯ Solo/Two-Physician Practice
- ◯ Staff Model HMO
- ◯ Other:_____

Primary Practice/Position Area
- ◉ Military
- ◯ Rural
- ◯ Suburban
- ◯ Urban, inner city
- ◯ Urban, non-inner city
- ◯ Other:_____

Ethnic/Culture Group
- ◉ African American/Black
- ◯ Asian/ Pacific Islander
- ◯ Hispanic
- ◯ Native American/Native Alaskan
- ◯ White/Non-Hispanic
- ◯ Other:_____

Date of Birth (mm/dd/yyyy)

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