

LOUISIANA STATE MEDICAL SOCIETY RESIDENT/FELLOW

HELPING YOU FIND WHAT'S NEXT!

As the premier advocate for physicians in the state of Louisiana, the Louisiana State Medical Society offers residents and fellows an opportunity to shape and impact their future profession and provides access to experience healthcare policy in action. The LSMS provides opportunity and information on upcoming state trends and policies during this critical period as well as access to professionals that will guide you in your next steps. We encourage resident and fellow involvement by offering leadership opportunities within the Resident/Fellow Section, the LSMS Board of Governors, and various LSMS Councils and Committees. Residents and fellows also have networking and research opportunities through state-wide activities and the LSMS Research Symposium. As you look ahead to what's next, the LSMS is a resource to help you answer that question. See below for additional exclusive member benefits.



What are you waiting for? Join your colleagues today and get involved at www.lsms.org.joinlsms! If you have any questions or would like more information, please visit lsms.org or contact Director of Member Services, Terri Watson, by email terri@lsms.org or phone 800-375-9508.



ADVOCACY

The LSMS is your leading advocate for the medical profession before the Louisiana Legislature, state agencies, licensing boards, and the judicial branch of government.

Being a member of the LSMS provides you with access to specific and up-to-date reports on all governmental affairs activities through email updates and the members-only portion of the website.



LEADERSHIP DEVELOPMENT

PHYSICIAN LEADERSHIP ACADEMY (PLA)

In conjunction with the LSU E.J. Ourso College of Business Administration, the PLA provides today's physician leaders with necessary skills to be successful in the ever-changing business of medicine and is open to LSMS Members only.



NETWORKING OPPORTUNITIES

LSMS Members develop personal and professional relationships through state-wide and local events.

The right mentor can provide support and advice to guide you along your career path.



SUBSCRIPTIONS

CAPSULES Q.W.

Weekly recap of trending health care news, state medical headlines, member news, and community events delivered to inboxes of LSMS Members only

JOURNAL OF THE LSMS

Peer-reviewed medical journal published every other month



STATE-WIDE BOARDS AND COMMISSIONS

The LSMS works year-round with over 150 state agencies and commissions.

LSMS Members have opportunities to serve on multiple boards and commissions.



EDUCATION OPPORTUNITIES

The LSMS provides Residents & Fellows access to education on various healthcare topics – the business of medicine, what to know about Stark Law, contract negotiation, payment models.

Whether your next step is employment or a joining a private practice, understanding these basic concepts is key to your success.



The Louisiana State Medical Society (LSMS) is a statewide voluntary organization for licensed physicians who represents all specialties, and a diverse group of demographic and practice settings within the healthcare community. We are the trusted advocate for physicians in the state of Louisiana and our vision is promoting excellence in the practice of medicine. Join TODAY by completing this application or easily join online at www.lsms.org/joinLSMS.

TYPE OF MEMBERSHIP

Resident/Fellow \$35

PERSONAL AND PROFESSIONAL INFORMATION

Full Name: _____ Degree: ☐ MD ☐ DO LA License#: _____
Gender: ☐ Male ☐ Female Birth Date: _____ Primary Specialty: _____
Home Address: _____ City: _____ State: LA Zip: _____
Home Phone: _____ Cell Phone: _____
Practice Name or Group: _____
Office Address: _____ City: _____ State: LA Zip: _____
Office Phone: _____ Office Manager: _____
Medical School: _____ Year Completed: _____
Preferred Email Address: _____
(Please provide a personal or unique email to you, not a generic practice email.)

PAYMENT INFORMATION (Select renewal frequency)

☐ One-time charge:\$35

Type of Card: ☐ MC ☐ VISA ☐ DISC ☐ AMEX

Name on Card: _____

Card Billing Address: Card _____

Number: _____ Exp. Date: _____

Security Code: _____ 3 digits on back or AMEX 4 digits on front

Signature: _____

☐ Check enclosed (payable to the LSMS)

If membership has been recommended to you by an LSMS member, please list his/her name here: _____

Signature

Date

Completed application and payment should be mailed to LSMS Membership Department, 6767 Perkins Road, Ste 100, Baton Rouge, LA, 70808. If you need additional information, please contact the LSMS Membership Department at 800-375-9508, 225-763-8500, or membership@lsms.org.

In signing this application, if accepted as a member, I agree to conduct myself professionally according to the principles of medical ethics and to be governed by the Constitution and Bylaws of the LSMS. I am aware that information submitted in this application will be verified. I hereby authorize other organization having information relating to this application including governmental and regulatory entities, to release any and all such information. I understand that any false or misleading statement made on my application may be grounds for denial of membership or probation or censure by, or suspension or expulsion from the medical society.