

Physicians Caring for Texans



Carlos Hamilton Jr., MD Member, TMA Subcommittee for Academic Physicians

## Welcome to Academic Medicine!

As the current representative for our institution on Texas Medical Association's Subcommittee for Academic Physicians, I would like to personally invite you to join me as a member of the Texas Medical Association, the only professional physicians' organization in the state that represents **all physicians — in all specialties — across all practice settings.** 

This means **TMA** is **dedicated to serving you.** TMA continues to fight for and win on behalf of Texas physicians on issues that really matter to us. In areas of particular concern in the academic community, such as funding all levels of medical education, TMA monitors legislation to determine its potential impact, and to ensure that Texas remains a premier state in the education of future physicians, support for academic research, and provision of quality patient care.

Additionally, TMA offers:

- Customized updates on issues that are relevant to you as a member of the healing arts and as a teacher of future physicians. Timely topics are covered in e-newsletters such as *It's Academic*, and through our award-winning monthly magazine, *Texas Medicine*.
- Recognition of exceptionally accomplished leaders in academic medicine through the TMA Award for Excellence in Academic Medicine.
- Educational conferences three times per year where academic physicians can receive continuing medical education credit on emerging issues and relevant topics for medical practice in Texas.
- Personalized practice consulting services to help you comply with federal and state regulations, and maximize billing.
- Access to Texas Medical Association Insurance Trust's long-term disability plan, a plan most academic
  physicians feel is superior to others. TMA membership is required to qualify for this coverage.
- Much more: **visit www.texmed.org/benefits** to see all that TMA has to offer in support of Texas physicians.

**Visit** our website: www.texmed.org/Subcommittee\_for\_Academic\_Physicians to learn more about the subcommittee and our recent activities on behalf of physicians in academic medicine.

**Read** the state's Medical Education and Physician Workforce Consensus Statement, developed by TMA in partnership with our institution and every other Texas academic health center.

**Join TMA** and your local county medical society. On the reverse side, you will find an application for membership in TMA and your county medical society. You can also visit **www.texmed.org/join** to apply online.

Funds may be available within your department or our institution to cover the cost of your membership. Please check with your department administrator or chair to see if this is applicable to you.

TMA provides great value to academic physicians, and I welcome your feedback on how we can continue offering distinctive solutions to the challenges you face. Won't you join me as a TMA member, and help shape the future of of Texas medicine?

Sincerely,

Carlos Hamilton Jr., MD

Member, TMA Subcommittee for Academic Physicians

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## **Texas Medical Association**

401 West 15th Street Austin, TX 78701-1680

## TMA/County Medical Society Membership Application

Physicians Caring for Texans Membership Type: ☐ Resident ☐ First Year in Practice ☐ Active ☐ Military

|  |  |   | BIC   | OGRAPHICAL INF  | ORMATION AND EDUCATION   | N  |                              |                      |
|--|--|---|---|---|--|--|------------------------------|----------------------|
| Name:  | Last   |   | Fire  | st  | Middle   | Suffix                                     | Degree                       | Gender               |
| Office   | Address (che   | eck if this is you  | ur preferred contact ac                           | Idress)   | City   |  | State                        | ZIF                  |
| Work Pho   | one  |   |   | Work Fax  |  | Work E-m                                   | ail                          |                      |
| Home   | Address (che   | ack if this is you  | ur preferred contact ac                           | ddraes)   | City   |  | State                        | ZIP                  |
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| Home Ph  |  |   |   | Home Fax  |  | Home E-m                                   | naii<br>                     |                      |
| Date of E  | Birth<br>  | Place   | of Birth (Country)                                |   | Texas Medical License #  | ☐ Yes ☐                                    | No                           | NPI #                |
| Marital S  | Status   | S   | pouse's Name                                      |   | Specialty:   | If married, is s                           | pouse also a phy             | sician?              |
| Practice N   | Name   |   |   |   | Primary  |  | Seconda                      | ary                  |
| Medical S  | School   |   | Degree  | Grad. Date  | Residency/Fellowship (list   | most recent)                               | Specialty                    | Completion Da        |
|  |  |   | F   | PRACTICE TYPE A   | AND EMPLOYMENT STATUS  |  |                              |                      |
| Direct   | Patient Care a<br>Patient Care a<br>Patient Care a                               |   | ☐ Administration☐ Full-Time Teach☐ Research (non- | ing (non-clinical)  | <ul><li>Not in Patient Care</li><li>Military</li><li>✓ Veterans Administration</li></ul>                                     | Not Employed Physowned Pr Direct Emp. by I | ac. 🗌 Acade                  | tal NPHO             |
|  |  |   | MEM   | IRERSHIP OLIALIE  | FICATION AND AUTHORIZAT  | - ,  |                              |                      |
| Has your i<br>Have you<br>hereby a<br>o abide b<br>of the Am | medical licen<br>ever been su<br>apply for mem<br>by and be sub<br>nerican Medic | se ever been<br>bjected to dis<br>nbership in th<br>ject to terms<br>cal Associatio | revoked or suspensciplinary action by             | ded?any of the follow Board of Medical County/State Med Hospital Medical Cohe Constitution aress my application | Examiners  | xas Medical Asso                           | ciation and, if ac           |                      |
| Society po<br>competen                                       | ursuant to the   | e <i>Hearings Pr</i><br>et, the County  | ocedure Manual. I a<br>Medical Society m          | ilso understand th<br>nust report such a  | rd of Censors, I have a right t<br>nat if my application for mem<br>professional review action to<br>ts have been exhausted. | bership is denied,                         | , based on profe             | essional             |
| _  | ee that biogra<br>herwise direc  | -   | nation will be disse                              | minated in accord   | lance with the policy and pro  | cedures establish                          | ed by the TMA I              | Board of Trustees    |
| Physician  | Signature (re  | quired)   |   |   |  | Date                                       |                              |                      |
| Γhe Board  | d of Censors I   | nave had the  | above application (                               |   | <b>OF BOARD CENSORS</b> on, and: ☐ Approve <i>or</i> [   | Disapprove                                 | on Date                      |                      |
| Signature  | and Title  | Note:   | Membership becor                                  | nes effective whe   | en application has been appr   | oved and dues ha                           | ve been paid to              | the association.     |
| organizati<br>society ar                                     | ion chartered<br>nd TMA are n  | by the assoc<br>ot deductible   | iation. \$20 of TMA                               | Association when active membersh  | NT INFORMATION joining the county medical s ip dues is for a one-year sub- eral income tax purposes. A p                     | scription to <i>Texas</i>                  | Medicine. Dues               | paid to the coun     |
| Check Autom  |  | ole to Texas N<br>newal: By che   |   |   | d: OVISA MasterCard  | -  | ○ AMEX<br>ly and to charge m | y credit card to pay |
| Name as it   | appears on car   | -d  |   | c   | redit card number  |  | 1                            | Expiration date      |
| Signature (  | (required)   |   |   |   |  |  |                              |                      |