

# Coalition for Physician Enhancement

## Renewal Application for Organizational Membership 2010

### Membership Category

Organizational\*                      Annual                      Dues: \$1000.00 USD

\*Organization Members must complete and submit the "Application for Organizational Membership" for review and approval by the CPE Board of Directors every five (5) years. Once approved, Organizational members may renew their membership for four (4) consecutive years by completing the attached Affirmation Statement.

### Complete Renewal Application for Organizational Membership and mail with check to:

Coalition for Physician Enhancement Membership Application  
c/o Dr. Henry Pohl  
Vice Dean for Academic Administration  
Albany Medical College  
47 New Scotland Ave. MC-34  
Albany, New York 12208

### Checks for Membership Dues should be made payable to:

Albany Medical College  
TIN: 14-1338310

### For credit card payment:

Fill out and submit the Credit Card Charge Slip form provided.

**Note:** Organizations applying for membership renewal will have their check held for a maximum of 90 days pending review and acceptance of their application by the Board of Directors. Once accepted as an organizational member, the check will be cashed. If an organization is not deemed acceptable, the check will be returned.

**Please make sure that the check or Credit Card Charge Slip form is enclosed with the application.**

# Coalition for Physician Enhancement

## Contact Information - Organizational Members

Each organizational member is entitled to designate up to three individuals to be active members within this membership category.

### 1. Primary Contact: Member 1

Name	
Title	
Organization	
Mailing Address	
Telephone	
Fax	Email

### 2. Member 2

Name	
Title	
Organization	
Mailing Address	
Telephone	
Fax	Email

### 3. Member 3

Name	
Title	
Organization	
Mailing Address	
Telephone	
Fax	Email

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## Affirmation Statement for Renewal of Organizational Membership

The primary contact person for the Organizational Member (designated above) must sign the Affirmation Statement below. Please sign, print name and title, and date.

**Note:** If you are unsure whether your Organization continues to meet the CPE Organizational Membership requirements, please complete the Organizational Membership Application which can be found on the CPE website.  
<http://www.physicianenhancement.org/LinkClick.aspx?fileticket=X9PKFxTHiVE%3d&tabid=97>

**I affirm that:**

- **The Organization listed above continues to provide in-depth, comprehensive competence assessments of individual physicians with or without remediation services;**
- **The program activities are substantively the same as the information provided in the previously submitted CPE Organizational Membership application;**
- **The Organization strives to comply with the Guidelines of the Coalition for Physician Enhancement.**  
<http://www.physicianenhancement.org/Membership/CriteriaforOrganizationalMembership/tabid/83/Default.aspx>

Name	
Title	
Organization	
Signature:	Date

# Coalition for Physician Enhancement

## Albany Medical Center Credit Card Charge Slip

Charge Amount				
Credit Card Information				
Check one:	American Express	VISA	MasterCard	Discover
Card Holder Name				
Card Holder Address				
Card Holder Telephone				
Credit Card Number			Exp. Date	
Signature				

<b>For office use only</b>	
Date Information Processed	
Authorization Number Obtained	
Signature of person processing information	Ext. #