

TO: The SENTAC Credentials Committee
Please consider my application for membership

Name: _____
 First Middle Last Degree

Professional Specialty: _____

Certification: _____
(e.g. ASHA, ABO. If none, so state. Not required for Associate. If your profession has no certification, note "not applicable" and attach a brief explanation.)

Address: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____

Applicant Signature: _____ Date: _____

Endorsement of application:

Signature: _____ Date: _____

Name (print): _____ Phone: _____

Signature: _____ Date: _____

Name (print): _____ Phone: _____

Application for membership must be accompanied by a current curriculum vitae and must be endorsed by two persons. These should be Fellows of the Society, unless you are not known to two Fellows. In that case, you may substitute any colleagues who can attest to your professional interests. Submit the application by September 30, for review this year. Do not hesitate to call if you have questions: (858) 576-4085.

Send application with endorsement and current curriculum vitae (no dues) to:

Anthony E. Magit, M.D.
Children's Hospital of San Diego
3030 Children's Way, Suite 402
San Diego, CA 92123