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- First year as MSSNY/County resident/fellow member is free.
 - Now accepting applications for free MSSNY/ County membership through December 2018. (Application deadline is 3/31/2018.)
 - No dues payment required. MSSNY gratefully acknowledges the support of the **Medical Liability Mutual Insurance Company**, the physician-owned company established by your state medical society in 1975 when no one else would write medical malpractice insurance coverage in New York State. MSSNY is able to offer a free year of membership to residents through MLMIC's generosity in sharing the cost with MSSNY and your county society.
 - MLMIC is owned by its policy holders and governed by physicians. Learn more at www.mlmic.com or contact the company at 2 Park Avenue, Room 2500, New York, NY 10157-0505; telephone 1-800-275-6564 (metropolitan New York) or 1-800-356-4056 (upstate).
 - Questions? Call MSSNY at 800-523-4405, extension 336.
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MEDICAL SOCIETY OF THE STATE OF NEW YORK

Your State and County Medical Societies

FREE
first year of
MSSNY/County membership
for
Residents and Fellows!

Apply online at
www.mssny.org



MEDICAL SOCIETY OF THE STATE OF NEW YORK
865 MERRICK AVENUE
WESTBURY NY 11590
516-488-6100
WWW.MSSNY.ORG

Advance Your Career

- Present your research at a MSSNY poster symposium
- Gain leadership skills and make professional contacts
- Assistance with licensure delays
- Employment and managed care contracts reviewed
- Obtain practice start-up loans and equipment financing
- Get help with your CV

Improve Your Future

- Access to free consultations and reduced rates with MSSNY's health law experts on questions relating to partnership, contracts and employment practices
- MSSNY promotes the physician's perspective on proposed legislation, regulations and policy changes affecting the delivery of health care
- We deal with the ever-changing modes of practice and payment, with a focus on safeguarding the profession

Protect Your Educational Investment

- We work for legislation to keep malpractice insurance costs and the threat of lawsuits from dictating your career choices or your clinical decisions
- We address attempts by non-physicians to gain authority to engage in the practice of medicine

Be Aware of Crucial Issues Affecting Training & Practice Plans

- We provide presentations at your hospital on laws and business matters you must understand to practice medicine today
- Alerts through special e-mail notices
- Receive timely information on current clinical and non-clinical issues

Create Policy

As an RFS member, your voice and opinions count. Members can submit resolutions expressing changes they'd like to see MSSNY enact. Residents have tackled issues as diverse as:

- Expansion of residency slots relative to the current and future needs of the US population
- Requiring active consent when patients are filmed for news or entertainment programs
- Providing smoke free residential housing for medical students, residents and fellows
- Support for residents and fellows requiring family and medical leave time
- Public coverage for renal transplant patients
- Support of a National HIV/AIDS Strategy
- Providing childcare and family entertainment at AMA meetings

Help Advance Public Health Objectives

- We work to improve access to affordable health care while ensuring that physicians can thrive under health system reform
- Campaigns address opioid abuse, healthcare disparities, HIV, immunization, hepatitis, organ donation, smoking, obesity and more
- Disaster preparedness education and planning

Everyday Benefits

- Find great deals on car, homeowner's, disability insurance
- Mortgage program

Have Fun!

- Meet and socialize with local, statewide and national colleagues
- Make friendships that will last a lifetime

Application for Resident/Fellow Free Membership in MSSNY and County Medical Society through December 2018

Fax application to 516-616-9285 or mail to address on cover.

If you prefer, you can join online at

www.mssny.org.

County _____

Last Name _____

First _____ MI _____

Date of Birth _____ Male Female

Home Address _____

City _____ State _____

Zip _____ Phone _____

Email Address _____

Hospital _____

City _____

Specialty _____

Date expected completion _____

Medical School _____
(Please do not abbreviate)

City, State or Country _____

Yr of Graduation _____ MD DO

ECFMG # (If applicable) _____

Signature _____

Date _____