

REQUIRED INFORMATION

CSSM - Canadian Society of Skin Medicine is a specialty society of health professionals whose desire is to further their knowledge, understanding, and technical skills in the field of skin health and aesthetics. Join the society free of charge to learn more about our upcoming advanced level training courses and workshops as they are limited to the members only.

Please complete the application form thoroughly as incomplete forms will NOT be processed. Note that the membership application forms can only be submitted via email: info@cssmed.ca.

Name of Applicant: Dr. / Mr. / Ms. (First) _____ (Last) _____

Primary Cell Number: _____ Email Address: _____

Mailing Address: _____ City: _____ Province: _____ Postal Code: _____

Membership Category (Check One):

- | | | |
|--|---------------------------------------|---------|
| <input type="checkbox"/> Associate Membership | <input type="checkbox"/> Physician | No Dues |
| <input type="checkbox"/> Adjunctive Membership | <input type="checkbox"/> Dentist / NP | No Dues |

List your professional and post-graduate qualifications:

Degree / Diploma / Certification	Institution(s)	Completion Year

Have you ever been subject to any disciplinary action by any regulatory body? Yes No
(If yes, please provide the details of the disciplinary action on a separate sheet of paper.)

Has your license been revoked or suspended in the past? Yes No
(If yes, please provide the details of the disciplinary action on a separate sheet of paper.)

Are you currently a full practicing member in a good standing with your provincial or state regulatory body? Yes No

Practicing Jurisdiction: City _____ Province / State _____ Country _____

Licensed Number: _____ Specialty: _____ Number of Years in Practice: _____ Year(s)

ACKNOWLEDGEMENT

By signing below, I certify that the information I have provided on this form is true and without omission and error. I understand that the course fee(s) is non-refundable nor can it be cancelled once registered. I understand that the course registration and/or certification process may be denied at any time inconsistency is found. I hereby authorize Canadian Society of Skin Medicine to verify the above information with my licensing authority.

Name (Print): _____ Signature: _____ Date: _____