

# Tennessee Academy of Ophthalmology

## Application for Membership

*As a member of the Eye-M. D.s of Tennessee (Tennessee Academy of Ophthalmology),  
you join your colleagues promoting the profession and speaking  
for ophthalmology with a single voice.*

## TNAO ..... Eye M.D.s of Tennessee ..... Some Benefits of Membership

**Protect Ophthalmology's Current Scope of Practice.** This is one of the highest and most important priorities for the TNAO. Some of the actions being employed to carry out this missive are: Monitoring legislation and responding to any signals that may mean an assault on the TNAO's current scope of practice; building coalitions with groups to accomplish our legislative missives; developing a network of ophthalmology friendly legislators; establishing a state-wide ophthalmology to legislator grass roots program, educating our members on the importance of having a personal relationship with his or her area legislator(s), educating the public on the designation of an Eye M. D., and maintaining and building ophthalmology political action committee funds.

**Lobbying Firm.** The TNAO employs the McMahan & Winstead Lobbying Firm. McMahan & Winstead are recognized state-wide as the best and most effective lobbying firm in Tennessee. Now affiliated with the Tennessee Medical Association Lobbying team, McMahan & Winstead are more effective than ever.

**OMIC Malpractice Insurance.** Through a cooperative agreement, OMIC insurance is available through the TNAO for a substantial discount. The TNAO member discount has increased significantly offering potential savings of thousands of dollars, depending on your situation. The savings alone can easily recoup TNAO membership dues many times over!! *Non members are NOT eligible for discounts.*

**Coding Seminars.** Each year the TNAO sponsors a coding seminar. Instructors are from the American Academy of Ophthalmology (AAO) so the information you receive is timely and accurate. Members receive discounted fees, with additional discounts for five or more enrollees. *Non Members/staff pay a much higher fee.*

**TransWorld Debt Collection.** Discounted fees – Collect past due accounts on all types and forms of insurance, go to the TNAO website, [www.tneyemds.org](http://www.tneyemds.org). *Non members are NOT eligible for discounts.*

**Educational Programs for Members.** Scientific CME and practice management meetings as well as ophthalmology personnel education (technical and front office) continue to be a priority. Annual meetings are co-sponsored with the Alabama Academy of Ophthalmology. In addition to the annual meeting, we offer two regional meetings across Tennessee (UTHSC and VUMC). The Annual Meeting offers discounted prices for members. *Non members pay up to twice the member rate for educational meetings.*

**Web Site.** Our website, [www.tneyemds.org](http://www.tneyemds.org), provides electronic communications with the membership, primarily using the "Members Only" pages. The Web site is also used as an educational tool for the public. The 'definitions page' explains to the public what it means to be an Eye-M. D. The site has a searchable database for Eye-MDs. Members have full access to the entire database while the public has limited access. *Non members are NOT listed in the Search database.*

**Health Plans Affairs.** This committee is your liaison for managed care entities. Representatives meet as needed with the Tennessee Medicare carrier, CAHABA, and routinely with other insurance companies and managed care companies. *Services of this committee are for Members only.*

**Public Relations.** TNAO, with the assistance of the AAO, employs the top public relations firm in Tennessee: McNeely Pigott and Fox. A dedicated representative from McNeely Pigott and Fox is assigned full time to the TNAO account and their services are invaluable in legislative and lobbying activities..

## TNAO Membership Categories

- Active Member - 4 years or more in Practice \$850.00
- Active Member - Third Year Out of Residency \$637.50
- Active Member - Second Year Out of Residency \$425.00
- Active Member - First Year Out of Residency \$212.50
- Active - University Full Time Faculty Umbrella Fee Applies (see your Chair for details)
- Active - Part Time Member Working < 25 hours per week \$425.00
- Associate - Resident or Fellow Member in UT/Memphis Health Science Center and Vanderbilt Eye Institute Training Programs. Complimentary Membership

## Contact Information

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Suffix(s) \_\_\_\_\_ (M. D., Ph.D. etc.)

E-mail \_\_\_\_\_

Name of Practice \_\_\_\_\_

Other MDs in Practice: \_\_\_\_\_  
\_\_\_\_\_

Suite \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

## Home Information

Apt \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	
____ / ____ / ____	
Place of Birth	
City _____	
State _____	
Country _____	

Name \_\_\_\_\_

**Medical School**

Name of Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

(If outside US, country \_\_\_\_\_)

Years \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Degree (s) \_\_\_\_\_ (MD, DO, etc)

**Residency**

Name of Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

(If outside US, country \_\_\_\_\_)

Years \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

**Fellowship(s)**

Name of Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

(If outside US, country \_\_\_\_\_)

Years \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Area of Study \_\_\_\_\_

Director/Chair \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

(If outside US, country \_\_\_\_\_)

Years \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Area of Study \_\_\_\_\_

Director/Chair \_\_\_\_\_

**Other Training**

City \_\_\_\_\_ State \_\_\_\_\_

(If outside US, country \_\_\_\_\_)

Years \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Area of Study \_\_\_\_\_

Director/Chair \_\_\_\_\_

**Specialization**

\_\_\_ Comprehensive Ophthalmology

\_\_\_ Oculo-Plastics

\_\_\_ Glaucoma

\_\_\_ Pediatrics

\_\_\_ Cornea/External Disease

\_\_\_ Neuro-Ophthalmology

\_\_\_ Anterior Segment Surgery

\_\_\_ Retina & Vitreous

\_\_\_ Other \_\_\_\_\_

**For our directory:** Please list any special procedures you perform, e.g.: LASIK, Corneal Rings, etc.

\_\_\_\_\_  
Name \_\_\_\_\_

## Licensing & Certification

Is your license to practice medicine unrestricted and valid?    \_\_\_ Yes          No \_\_\_

If no, please explain \_\_\_\_\_

Are You Licensed in Tennessee?          \_\_\_ Yes          No \_\_\_

Date You Began Practicing Ophthalmology    \_\_\_ / \_\_\_  
                                                                                  Month    Year

**MD:** Are You Certified by the American Board of Ophthalmology          \_\_\_ Yes          No \_\_\_

Date of Certification    \_\_\_ / \_\_\_  
                                                                                  Month    Year

**DO:** Are You Certified by the American Osteopathic Board of Ophthalmology          \_\_\_ Yes          No \_\_\_

Date of Certification    \_\_\_ / \_\_\_          \_\_\_ Eligible (Year \_\_\_\_\_)  
                                                                                  Month Year

**A current CV is required with your application.**

## Restrictions

Are there any restrictions or circumstances that would affect your membership such as a felony record? Denied hospital privileges or voluntary surrender of hospital privileges? Licensed revoked, suspended or have limited license? Or any other information you should disclose?

\_\_\_ **No**

\_\_\_ *Yes (Explain fully on separate paper and include with this application.)*

## Signature of Applicant

By signing this application, I acknowledge that the information herein is true, accurate and complete. I authorize any officer, director or staff of the Tennessee Academy of Ophthalmology (TNAO) to review and verify any information I have provided. I understand that any incorrect or false information found in my application is grounds for revocation and if I do not abide by the TNAO Bylaws and Code of Ethics my membership may be revoked.

\_\_\_\_\_  
 Print Name of Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Endorsement by Colleague

I, \_\_\_\_\_, am endorsing this application for:

Name of Applicant \_\_\_\_\_.

By doing so, I know or have personal knowledge of the applicant and recommend Dr. \_\_\_\_\_ for membership in the Tennessee Academy of Ophthalmology (TNAO). Upon request, I am willing to provide any additional information requested or required.

\_\_\_\_\_  
 Print Name of Endorser

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_