GEORGIA SOCIETY OF OPHTHALMOLOGY

MEMBERSHIP APPLICATION

WWW.GA-EYEMDS.ORG

CONTACT INFORMATION

Full Name:	**Preferred Name** *(for Society events):*
Preferred Mailing Address: Primary Office Home	**Preferred Contact Phone:** Primary Office Home Mobile
Practice Name:	**Practice Website:**
Primary Office Address:	
Primary Office City/State/Zip:	**Office County:**
Preferred Email:	**Primary Office Phone:** / **Primary Office Fax:**
Office Assistant Name:	**Assistant Phone:** / **Assistant Email:**
Satellite Office Name/Address:	
Satellite Office City/State/Zip:	
Home Address:	
Home City/State/Zip:	**Home County:**
Home Phone:	**Mobile Phone:**
Gender: Male Female	**Birthdate:** / **Spouse's Name:**

PRACTICE INFORMATION

Primary Practice Type: Solo Practice Group Practice Academic Hospital Research Other _____

Ophthalmic Specialty *(circle all that apply)*: Comprehensive Cataract/Ant Segment Cornea/Ext Disease Retina LASIK/Refractive Glaucoma Pediatrics Oculoplastics Neuro Uveitis Other _____

Year beginning exclusive practice of ophthalmology:	**ABO Certification Year(s):**

Present Appointments *(Hospital, Academic, etc.):*

Training *(include dates in chronological order):*

SOCIETY INFORMATION

Select Membership Type *(see website for explanation of member types):* Active Member Senior Active Recent Graduate Military

Membership Proposed By *(include letter of recommendation)*:

Membership Seconded By:

AAO Member? YES NO	**AAO ID Number:**

Other Professional Society Memberships:

SIGNATURE

I hereby submit my application for membership in the Georgia Society of Ophthalmology, and attest that the information I have provided is true and correct. I hereby agree to the Society's Code of Ethics included herein.

Signature of Applicant:	Date:

Please submit this completed application AND letter of recommendation to the Georgia Society of Ophthalmology:

FAX: (404) 299-7029

MAIL: 2700 Cumberland Pkwy Suite 570, Atlanta, GA 30339

Rev: 3/2008

GEORGIA SOCIETY OF OPHTHALMOLOGY

CODE OF ETHICS

The Georgia Society of Ophthalmology, and its members, by virtue of their acceptance of membership therein, subscribe to and agree to be bound by the Principles of Medical Ethics of the American Medical Association, the Code of Ethics of the American Academy of Ophthalmology, and this Code of Ethics.

(1) Competence. An ophthalmologist should perform only those procedures in which the ophthalmologist is competent by virtue of specific training or experience or is assisted by one who is. An ophthalmologist must not misrepresent credentials, training, experience, ability or results.

(2) The Impaired Ophthalmologist. A physically, mentally or emotionally impaired ophthalmologist should withdraw from those aspects of practice affected by the impairment. If the ophthalmologist does not withdraw, it is the duty of other ophthalmologist who knows of the impairment to take action to assure withdrawal of the impaired ophthalmologist.

(3) Other Opinions. Additional opinion(s) shall be obtained if requested by the patient. Consultation(s) shall be obtained if required by the condition.

(4) Preoperative Assessment. Surgery shall be recommended only after a careful consideration of the patient's physical, social, emotional and occupational needs. The preoperative work-up must document the indications for surgery. Performance of unnecessary surgery is an extremely serious ethical violation.

(5) Informed Consent. The performance of medical or surgical procedures shall be preceded by appropriate informed consent.

(6) Delegation of Services. Delegation is the use of auxiliary health care personnel to provide eye care services for which the ophthalmologist is responsible. An ophthalmologist must not delegate to an auxiliary those aspects of eye care within the unique competence of the ophthalmologist (which do not include those permitted by law to be performed by auxiliaries). When other aspects of eye care for which the ophthalmologist is responsible are delegated to an auxiliary, the auxiliary must be qualified and adequately supervised. An ophthalmologist may make different arrangements for the delegation of eye care in special circumstances, such as emergencies, if the patient's welfare and rights are placed above all other considerations.

(7) Postoperative Care. The providing of postoperative eye care until the patient has recovered is integral to patient management. The operating ophthalmologist should provide those aspects of postoperative eye care within the unique competence of the ophthalmologist (which do not include those permitted by law to be performed by auxiliaries). Otherwise the operating ophthalmologist must make arrangements before surgery for referral of the patient to another ophthalmologist, with the patient's approval and that of the other ophthalmologist. The operating ophthalmologist may make different arrangements for the provision of those aspects of postoperative eye care within the unique competence of the ophthalmologist in special circumstance, such as emergencies or when no ophthalmologist is available, if the patient's welfare and rights are placed above all other considerations. Fee should reflect postoperative eye care arrangements with advance disclosure to the patient.

(8) Medical and Surgical Procedures. An ophthalmologist must not misrepresent the service that is performed or the charges made for that service. It is unethical for there to be any type of secret fee splitting or any similar arrangement between an ophthalmologist and others.

(9) Procedure and Materials. Ophthalmologists should order only those laboratory procedures, optical devices or pharmacological agents that are in the best interest of the patient. Ordering unnecessary procedures or materials for pecuniary gain is unethical.

(10) Commercial Relationships. An ophthalmologist's clinical judgment and practice must not be affected by economic interest, commitment to, or benefit from any commercial enterprises, whether or not they are professionally related.

It is not unethical for optometrists to be employed by an ophthalmologist. However, the ophthalmologist must make certain that the exact status of the optometrist is clearly identified to patients and that all efforts are made to insure that the optometrist is not misrepresented as a physician. Only the ophthalmologist may determine whether any pathology is present.

(11) Communication to Colleagues. Communications to colleagues on research including clinical investigation must be accurate and truthful. Appropriate disclosure of commercial interest is required.

(12) Communications to the Public. Communications to the public must be accurate. They must not convey false, untrue, deceptive, graphics or other means. They must not omit material information without which the communications would be deceptive. Communications must not appeal to an individual's anxiety in an excessive or unfair way; and they must not create unjustified expectations of results. If communications refer to benefits or other attributes of ophthalmic procedures that are not generally accepted or that otherwise involve significant risks, realistic assessments of their safety, efficacy and professional acceptance must also be included, as well as the availability of alternatives and, where necessary to avoid deception, descriptions and/or assessments of the benefits or other attributes of those alternatives. Communications must not misrepresent an ophthalmologist's credentials, training, experience or ability, and must not contain material claims of superiority that cannot be substantiated**.** If a communication results from payment by an ophthalmologist, this must be disclosed unless the nature, format or medium makes it apparent.