

# AMERICAN OSLER SOCIETY

## MEMBERSHIP NOMINATION FORM

Please return to:

Charles S. Bryan, Secretary-Treasurer  
The American Osler Society  
2 Richland Medical Park, Suite 502  
Columbia, South Carolina 29203  
803/540-1000

Note: All nominations for membership must be in the office of the Secretary-Treasurer no later than 1 February of the current year.

*The American Osler Society has been founded for the purpose of bringing together members of the medical and allied professions who are by their common inspiration, dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness and the ethical example of William Osler (1849-1919). This, for the benefit of succeeding generations, that their motives be ever more sound, that their vision be on everbroadening horizons, and that they sail not as Sir Thomas Browne's Ark, without oars and without rudder and sails and therefore, without direction.*

### **Membership Nomination Instructions. Please include the following.**

1. Completed and signed Membership Proposal Form must be signed by two sponsors.
2. List significant publications which pertain to 1) William Osler, 2) other medical historical topics, 3) other publications (note format for presentation indicated on the reverse side of the Application Form). Please indicate with an asterisk (\*) which represent independent work by the nominee.
3. A list of all the nominee's publications should be included separately from the one-page list of significant publications noted above. This should include complete papers (whether published or accepted for publication). Use the Index Medicus bibliographic form. Please do not send an extensive curriculum vitae.
4. Statement from nominee as to why he/she is interested in membership in the American Osler Society, and what the nominee would hope to contribute to the Society.
5. Letter of recommendation from member proposing nominee.
6. Letter of recommendation from member seconding the nominee.
7. Two (2) copies of each of the candidate's five (5) most significant publications pertaining to William Osler and/or the history of medicine.
8. If, between the time that the nomination form is submitted, and the time of the Spring AOS Board of Governors Meeting, the nominee has a significant publication appear, please submit supporting materials indicating such information to this office.
9. Photograph. 2 copies 4 x 5", black and white of head and shoulders.

**MEMBERSHIP NOMINATION MUST BE TYPED**

# AMERICAN OSLER SOCIETY

# Membership Nomination

**Active Member**

**Associate Member**

**Student Member**

**Active Members.** In accordance with the Bylaws of the American Osler Society Inc., "Those individuals proposed should have done important work in Osler and/or the history of medicine." They also must have attended an annual meeting prior to nomination. It is also recommended that they have presented a paper. We also stress that those individuals proposed should understand the purposes of the Society and plan to be active in its affairs.

**Associate Members.** Those who have attended a meeting, and would like to participate in the Society, but who do not have the necessary credentials to become a full member. Associate members may become candidates for advancement to full membership by demonstrating scholarly activity through publications and/or presentations.

**Student Member.** This shall include undergraduate and graduate students and trainees (fellows, *et cetera*) who demonstrate an interest in William Osler and/or medical history for a period of time until they complete their formal training.

Name of Nominee \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

<b>Educational History</b>	<b>Institution</b>	<b>Major Field</b>	<b>Dates</b>	<b>Degree</b>
College				
Medical School or University				
Internship				
Residency				
Postdoctoral Fellowship				

Doctoral Dissertation Title (if any):
Postdoctoral Research Topic

<b>Academic Appointments</b>	<b>Dates</b>	<b>Title</b>	<b>Institution</b>	<b>Department</b>
Present Position:				

Prior Positions:

### Sponsors:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

I have read the guidelines for nominees and sponsors in this form, and attest that the nominee is qualified for membership.

1. Signature: \_\_\_\_\_ 2. Signature: \_\_\_\_\_

*Each sponsor must submit a confidential letter of recommendation to the Secretary-Treasurer's Office.*

**Describe Candidate's Specific Interest in William Osler, and other Historical Interests. Summarize specific contributions. Limit to space provided.**

**Interest in Society. List all AOS Meetings attended by date and check the appropriate box for any papers presented.**

Date Attended	Location	Presented	Coauthor
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

List other scientific and historical societies of which the candidate is a member (include Board Certification and dates).

**Special Considerations.** Include any other contributions (such as awards and honors) which may be important to historical scholarship.

**Bibliography.** Attach a list of the nominee's most important historical publications which relate to 1) William Osler, 2) other medical historical topics, 3) other publications. The entire bibliography should not exceed one page. Give complete titles and journal references with inclusive pagination in Index Medicus form. List authors in the order in which they appear in the publication. Include reprints, as noted on the instruction page.

**Statement from Nominee.** Statement from nominee as to why he/she is interested in membership in the American Osler Society, and what the nominee would hope to contribute to the Society.