







# CALIFORNIA SOCIETY OF PHYSICAL MEDICINE AND REHABILITATION

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## Consent Form

I acknowledge that CSPM&R is processing my application for membership, and I grant permission and authorize you to obtain from all medical affiliations, information regarding privileges, and actions relating thereto, and all information from medical societies, Medical Board of California, the American Medical Association and the California Medical Association, medical schools and other organizations providing medical training including internship and residencies.

I hereby release and hold harmless from any liability or loss the Society, its officers, agents, employees and members for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I hereby release from any liability any and all individuals and organizations who, in good faith and without malice, provide information to the CSPM&R, or to its authorized representatives, concerning my professional competence, ethical conduct, character, and other qualifications for membership.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

