

Name of Applicant: _____

ENDORSEMENTS:

Endorsed by:

Signature over Printed name
Medical Director or Infection Control Chair
(Encircle one)

Date

Hospital/Institution

DO NOT FILL BELOW THIS LINE

Recommended for membership

Disapproved. For further evaluation.

Remarks:

Chair, PHICS Committee on Membership

Date

ACTION OF THE BOARD:

Approved

Disapproved Reason(s): _____

Signed for by:

PHICS President

Date