

# Temporary DMS Membership - COVID-19

Available for DMS coming out of Retirement or returning early from Parental Leave

Limited time offer

## Application for Temporary DMS Membership COVID-19

NAME: Mr. / Mrs. / Miss / Ms. (First Name, Last Name) (Middle Initial) F <input type="checkbox"/> M <input type="checkbox"/>	Former Name
ADDRESS:	City
	Postal Code
Date of Birth (Year/Month/Day)	Grad Date (Year/Month/Day)

Telephone: Home \_\_\_\_\_ E-mail Home \_\_\_\_\_  
Telephone: Work \_\_\_\_\_

Please tick those areas you are **ACTIVELY** practicing in:

Radiological Technology  Radiation Therapy  Nuclear Medicine  Magnetic Resonance  Ultrasound Only

### MEMBERSHIP INFORMATION - Special COVID-19 Membership – FREE (expires December 31, 2020)

Temporary DMS Membership - COVID-19  
Includes all the benefits of Sonography PLUS membership including \$2,000,000 PLI

I am returning from Retirement

I am returning early\* from Parental Leave \*Early is 4 months before scheduled return date

OAMRS may ask for proof of above statements

Yes, keep me current with news, events and special offers

### EMPLOYMENT INFORMATION

Employer	Street Address	City	Postal Code
----------	----------------	------	-------------

Are you aware of any circumstances of allegations of disciplinary action, past or present? Allegations may be in writing or verbal.  Yes  No  
If yes, please provide full details.

Have you had any prior claims or are you aware of any incident that may give rise to a claim?  Yes  No  
If yes, please provide full details.

Has any Professional Liability insurance been declined or non-renewed in the past? If so, please provide details.  
 Yes  No