



African American Physicians Resource Directory

Information Update Form

Last Name (Please print legibly)

First Name

Middle Name/Initial

Primary Office Address:

Street Address

City

State

Zip Code

Telephone

Fax

Additional Address:

Street Address

City

State

Zip Code

Telephone

Fax

E-mail

Primary Speciality

Code (See list on back of form)

Secondary Speciality

Code (See list on back of form)

Medical School

Residency

OVER

Specialty Designation Codes

Specialty Code	Specialty Description	Specialty Code	Specialty Description	Specialty Code	Specialty Description
ADM	Addiction Medicine	IG	Immunology	PS	Plastic Surgery
AM	Aerospace Medicine	ID	Infectious Disease	PHP	Preventive Medicine
A	Allergy	IM	Internal Medicine	PUD	Pulmonology
AN	Anesthesiology	MG	Medical Genetics	P	Psychiatry
CD	Cardiovascular Disease	NPM	Neonatal/Perinatal Medicine	R	Radiology
CG	Clinical Genetics	NEP	Nephrology	RHU	Rheumatology
CRS	Colon & Rectal Surgery	NS	Neurological Surgery	SM	Sleep Medicine
CS	Cosmetic Surgery	N	Neurology	ISM	Sports Medicine - Internal
CCM	Critical Care Medicine	NM	Nuclear Medicine	GS	General Surgery
D	Dermatology	OBG	ObGyn	SO	Surgical Oncology
EM	Emergency Medicine	OM	Occupational Medicine	TS	Thoracic Surgery
END	Endocrinology Medicine	ON	Oncology	U	Urology
FP	Family Practice	OPH	Ophthalmology	VS	Vascular Surgery
GE	Gastroenterology	ORS	Orthopedic Surgery	OS	Other (i.e., a specialty other than those appearing above)
GP	General Practice	OTO	Otolaryngology	US	Unspecified
GS	General Surgery	PMD	Pain Management		
FPG	Geriatric Medicine	PTH	Pathology		
HEM	Hematology	PD	Pediatrics		
HOS	Hospitalist	PM	Physical Medicine & Rehabilitation		

License Information:

License Type: A AFE C CFE G GFE License Number: _____

Activities In Medicine: Current Place(s) of Employment: (check all that apply)

- City/County Hospital City/County Clinic Group Practice HMO
 Kaiser Permanente Medical School Non-Governmental Hospital Other Federal Agency
 Self-Employed Practice Two Physician Practice Veteran Affairs Agency Research
 Teaching Administration Consult to Industry/Other Agencies
 Other: _____

Current status: (check all that apply)

- Practicing Resident Fellow Medical Student Retired Sabbatical