



The North Texas Primary Care Practice - Based Research Network

Department of Family Medicine • Division of Education and Research
University of North Texas Health Science Center at Fort Worth
Texas College of Osteopathic Medicine

Send to:

NORTEX
855 Montgomery
Patient Care Center, 2nd Floor
Fort Worth, TX 76107
NORTEX@hsc.unt.edu
<http://www.hsc.unt.edu/NORTEX/>

Membership Enrollment Form

Name _____ Degree(s) _____

Office Address _____

City _____ Zip _____

Telephone (_____) _____ Extension _____

Fax (_____) _____ Email _____

Specialty Primary _____
Secondary _____

Board Certified? Yes _____ No _____ (Specialty, Year) _____

Are you a member of?

AOA Yes _____ No _____
AMA Yes _____ No _____
ACOFP Yes _____ No _____
AAFP Yes _____ No _____
Other Yes _____ No _____

Are you willing to serve as the Network Team Leader at your clinic site? Yes ___ No ___

If not, can you list someone who is willing to be?

_____ Phone _____

Have you ever been published in a peer-reviewed medical journal? Yes _____ No _____

Have you ever participated in a **clinical** research project? Yes _____ No _____

Please list your research interest _____

Are you are a faculty member or a paid employee at any institution, Yes _____ No _____

If yes,
• where _____
• and what is your title / position _____

**Thanks for your interest in the NorTex Primary Care PBRN!
You will receive a New Member package by mail.**