



Bassett Healthcare Network  
Bassett Medical Center

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# BASSETT MEDICAL ALUMNI ASSOCIATION

**NOTE: Please update new or changed items.**

medical.education@bassett.org

http://www.bassett.edu/alumni

For Office Use:  
 Filemaker Pro Listing  
 Cupola Mailing List

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street, R.D., P.O. Box, Apt. #)

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(9-digit ZIP, if applicable)

Home Telephone: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_  
(Street, R.D., P.O. Box, Apt. Number)

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(9-digit ZIP, if applicable)

Office Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: (give preferred address for alumni contacts): \_\_\_\_\_

Current Affiliations: \_\_\_\_\_  
(Hospital/Other Institution) (Program)

\_\_\_\_\_ (Hospital/Other Institution) (Program)

Current Academic Rank: \_\_\_\_\_ Medical School: \_\_\_\_\_

Retired? \_\_\_\_\_ Willing to be contacted regarding house staff career advice/assistance program?: \_\_\_\_\_

**Complete the shaded section only if it has not been completed within the past five years.**

Undergraduate School: _____	Degree: _____	Year: _____
Graduate School: _____	Degree: _____	Year: _____
_____	Degree: _____	Year: _____
Residency/Fellowship Training _____		
(Hospital)	(Program)	(Dates)
_____		
(Hospital)	(Program)	(Dates)
_____		
(Hospital)	(Program)	(Dates)
Position(s) held at Bassett: _____		
(Resident/Attending)	(Program/Service)	(Dates)
_____		
(Resident/Attending)	(Program/Service)	(Dates)
Medical Field: _____	Board Certification(s): _____	

ALUMNI UPDATE

**We'd like to include your personal and/or professional news in The Cupola, Bassett's Medical Alumni Newsletter. Photos are welcome! You may attach digital photos or mail hard copies to the Office of Medical Education at Bassett Medical Center, One Atwell Rd., Cooperstown, NY 13326 or e-mail cupola@bassett.org.**