

COMMUNICATION PREFERENCE:

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NEW REGISTRATIONS AND INFORMATION FORM - REGISTRATION DEPARTMENT LICENSE NUMBER NPI NUMBER NAME **INITIAL** FIRST LAST NAME SECOND LAST NAME F M **GENDER** YEAR **MONTH BIRTH DATE** DATE **GRADUATED MEDICINE SCHOOL: CLASIFICATION** (mark with an X your classification) ☐ Currently Practice ☐ Resident or Fellowship ☐ Retired ☐ Incapacitated ☐ Unemployed **SOCIAL SECURITY** Married **MARITAL STATUS** Single Widow Divorce **CHILDRENS BOARD CERTIFIED** YES NO MEDICAL SPECIALITY MEDICAL SUB SPECIALITY MEDICAL SUB SPECIALITY

☐ POSTAL

 \square EMAIL

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New Registrations and Information Form
Registration Department
PHYSICAL ADDRESS

PHYSICAL ADDRESS OFFICE ADDRESS IMPORTANT: According to Article 8.12 page 40 of the General Regulations Handbook of the CMCPR: "It will be collegiate to inform the CMCPR to which district is interested in belonging, depending on your place of resider place of work location. When a collegiate has not specified his selection, it will be understood that has chosen district of residence". DISTRICT TO WHICH IT BELONGS (mark with an X a single district, either by residential or labout a gradual and a gra	
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☐ Humacao ☐ Mayagüez ☐ Ponce ☐ San Juan ☐ United States / Out of Puerto Rico PREFERENCE CONTACT ☐ HOME PHONE: ☐ OFFICE PHONE: ☐ OFFICE PHONE: ☐ FAX	
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