



**Spokane County
MEDICAL SOCIETY**

**Orange Flag Building • 104 S. Freya Street, Suite 114 • Spokane, WA 99202-4868
(509) 325-5010 • FAX (509) 325-5409 • www.spcms.org**

Carrying out the SCMS Mission “to promote and provide leadership which improves and preserves the health of our community,” requires active physician and physician assistant engagement in SCMS committees. Your participation is critical to successfully achieving our Mission and goals and enhancing the goodwill, fellowship and solidarity of the SCMS members.

Review and check the box for any committee(s) in which you would like to participate.

Fax your response to (509) 325-5409.

CONTINUING MEDICAL EDUCATION (meets 4 times a year) Reviews all continuing medical education requests and decides, on the basis of merit, whether accreditation should be given.

GRIEVANCE (meets every other month or as needed) Considers and recommends action to the Board of Trustees on complaints arising from patients and third parties.

MEDICAL INFORMATICS (meets 10 times per year) Studies, helps develop, and evaluates medical information tools and resources for physicians; informs and educates physicians regarding developments in electronic medical records and other office or personal data systems; and coordinates physician office activities with community medical information system developments and physician perspectives on such issues.

PEER REVIEW (meets as needed) Makes an investigation concerning matters alleged and, if further action is required, refers directly to the Board of Trustees who follows the course of action outlined in Article VIII, Section 2 of the by-laws.

SPECIAL COMMITTEES/TASK FORCES

Members are appointed and meet if needed.

BY-LAWS Responsible for ensuring the by-laws are up-to-date, workable and effective.

CREDENTIALS Reviews applications from perspective members.

Senior Physicians

Women Physician Events

Electronic Medical Library

Membership

Measuring Quality

Hospital/Physician Relationships and Contracts

Faculty Development

Spokane Prescription Opioid Task Force

PLEASE PRINT _____

MD/DO/PA

**PLEASE RETURN YOUR COMPLETED FORM BY
FRIDAY, NOVEMBER 04!**

FAX (509) 325-5409