



Membership Advantage

AMERICAN SOCIETY OF PLASTIC SURGEONS®

How to Become an Active Member

If you are a citizen of the United States, its territories or Canada and are in your final year of residency, you are eligible to begin the process of becoming an Active Member of the American Society of Plastic Surgeons® (ASPS®).

STEP 1: APPLICANT/CANDIDATE FOR MEMBERSHIP

1. Complete the enclosed Application for Membership.
2. Obtain a letter of sponsorship from an Active or Life Member of ASPS or your Training Program Director.
3. Send a copy of your letter from The American Board of Plastic Surgery® (ABPS®) or The Royal College of Physicians and Surgeons of Canada® stating Board admissibility if you are within seven (7) years of satisfactorily completing your formal residency training. If over seven (7) years of residency completion, submit the certificate from the certifying board.
4. Return the completed application, letter of sponsorship, board admissibility letter, a recent portrait-photograph, and the \$125 application fee (U.S. Dollars) to the ASPS Executive Office:

Membership Services
American Society of Plastic Surgeons
444 East Algonquin Road
Arlington Heights, IL 60005-4664

Once your application and above mentioned materials are received and on file you will receive the following benefits:

- Subscription to *Plastic Surgery News*®
- Subscription to *Plastic and Reconstructive Surgery*® Scientific Journal
- Member prices on ASPS products and services
- Member prices on Patient-Education materials
- CME tracking
- Eligible to present papers and participate in discussions at the ASPS annual meeting
- Participate in the ASPS Referral Service (only eligible for board-certified candidates)

STEP 2: ACTIVE MEMBERSHIP

Your name may be entered on the preliminary ballot after you complete the following:

1. Submit one letter of sponsorship from ASPS Active or Life Members within your local or geographic region (within 100 miles) and send it to the ASPS Executive Office. This letter is in addition to the first letter of sponsorship as required in Step 1.
2. Complete one year as a Candidate for Membership.
3. Become certified by The American Board of Plastic Surgery® (ABPS®) or The Royal College of Physicians and Surgeons in Canada®. ASPS will receive confirmation directly from the ABPS. Candidates for Membership from Canada must submit certification documentation to ASPS.
4. Complete online orientation at www.plasticsurgery.org in the Members only section.

Once you have satisfied the above requirements, your application will be reviewed by the Membership Committee and the ASPS Board of Directors. If approved, your name will be placed on the preliminary ballot. The official ballot will be approved by the Board of Directors. All fees, dues or assessments must be paid before a Candidate for Membership is officially elevated to Active Membership status. Accreditation and CME compliance must be up to date.

As an Active Member you will receive the following additional benefits:

- Use of the ASPS Symbol of Excellence® to promote your ASPS membership on marketing materials
- May hold office and serve on committees
- Attend and vote at the Society's business meetings

**If you have questions about ASPS member benefits
or the membership process please contact**

ASPS Member Services Center
847-228-9900 or 800-766-4955
memserv@plasticsurgery.org

AMERICAN SOCIETY OF PLASTIC SURGEONS®

Application for Active Membership



AMERICAN SOCIETY OF
PLASTIC SURGEONS

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Attach 2" x 2"
Photograph

When application for Active Membership is received later than seven (7) years following completion of formal training, such application shall be considered only when accompanied by verification of certification by the appropriate certifying Board.

Name: _____ Date: _____
(Please Type or Print) Spouse First Name: _____

Office Address: _____ Tel No.: _____
_____ Cell No.: _____
_____ Fax No.: _____
_____ Patient Referral Email: _____
_____ ZIP Code: _____ Society Contact Email: _____

Home Address: _____ Tel No.: _____
_____ Date of Birth: _____
_____ ZIP Code: _____

Local Sponsor Number 1 (Active or Life Member within a 100-mile radius of practice location):

Local Sponsor Number 2 (Active or Life Member within a 100-mile radius of practice location):

Training Program Director:

Pre-Medical Education: _____ Degree: _____ Date: _____

Medical School: _____ Degree: _____ Date: _____

Other: _____ Degree: _____ Date: _____

Internship: _____ Dates: _____

Residencies:

General Surgery: _____ Dates: _____

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Plastic Surgery: _____ Dates: _____

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Fellowship: _____ Dates: _____

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Board Certification:

Plastic Surgery: _____ Date: _____

ABPS Certification # (if applicable): _____

Other: _____ Date: _____

_____ Date: _____

Military Experience: _____ Begin Date: _____

_____ End Date: _____

Teaching Appointments (present): _____

Hospital Appointments (present): _____

Medical Society Membership (present): AMA _____ ACS _____

Regional Plastic Surgery Society: _____

Other: _____

Other Training, Research, Teaching, etc.:

Special Awards or Recognition (any field):

While a Candidate for Membership and if elected to membership in the American Society of Plastic Surgeons®, I agree to abide by the Society's Bylaws and Codes of Ethics, I understand and agree that membership in the American Society of Plastic Surgeons is a privilege and not a right, and that as an applicant for membership, I have the responsibility for supplying to the American Society of Plastic Surgeons information adequate for a proper evaluation by the Society of my fitness for membership.

I therefore submit to the Society this application and the Authorization to Release Information (over).

Please return with application fee to:

Membership Services
American Society of Plastic Surgeons
444 East Algonquin Road
Arlington Heights, IL 60005-4664

Signature

AMERICAN SOCIETY OF PLASTIC SURGEONS®

Authorization to Release Information

In furtherance of my application for membership in the American Society of Plastic Surgeons (the "Society"), I hereby request and authorize any hospital, any medical staff, any medical organization, and any person who may have information (including medical records, patient records and reports of committees) that they deem relevant to my fitness for membership to provide such information to the Society. I further authorize the Society to provide any information it receives in connection with my application for membership in the Society to a state or county licensing authority, a state or county medical association, or an accrediting body provided I have authorized the licensing authority, medical association, or accrediting body to obtain such information.

The Society shall not be liable for acts performed in connection with the collection, evaluation, or dissemination of information or opinions, whether or not requested or solicited, in connection with my application for membership in the Society. I shall not demand, through any judicial process, access to any information accumulated or prepared by the Society in considering my application for membership.

Signature

Name

Date