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
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.

Date: ____________________________________
Name: ____________________________________________ (Please Type or Print)
Spouse First Name: ________________________
Office Address: ________________________________________________________________
Tel No.: ____________________________
Cell No.: ____________________________
Fax No.: ____________________________
Patient Referral Email: ____________________________
Society Contact Email: ____________________________
ZIP Code: ____________________________
Home Address: ________________________________________________________________
Tel No.: ____________________________
ZIP Code: ____________________________
Date of Birth: ____________________________

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:
____________________________________________________________________________
____________________________________________________________________________
Military Experience: __________________________________________________ Begin Date: ___________________________

                                                                                                                                   End Date: ________________________________

Teaching Appointments (present): __________________________________________________________________________________________

____________________________________________________________________________________________________________________

Hospital Appointments (present): __________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

Medical Society Membership (present): AMA ____________________________ ACS __________________________________

Regional Plastic Surgery Society: ________________________________________________________________________________________

____________________________________________________________________________________________________________________

Other: ________________________________________________________________________________________________________________

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Other Training, Research, Teaching, etc.: __________________________________________________________________________________

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____________________________________________________________________________________________________________________

Special Awards or Recognition (any field): ________________________________________________________________________________

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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  Signature
Arlington Heights, IL 60005-4664
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