

## ASPS Council of Representatives Designated Alternate Authorization Form

In the event that the official delegate is unable to attend the Assembly meeting during Plastic Surgery The Meeting, the participating group may send a designated alternate who must meet the requirements of delegates to that assembly. This must be communicated in writing from the staff officer or presiding officer of the participating group or from the staff liaison or chair of the Member Section SIG or Forum. This can be in the form of an email displayed on the designated alternate's phone so long as that email is provided when they seek certification i.e., during check-in, which opens at least 60 minutes prior to the start of each Assembly meeting. The written documentation must include certain components. We recommend using the below *Authorization Statement* as a template to ensure all components are included.

### Designated Alternate Eligibility Requirements

Each designated alternate must:

- *For State and Regional, and National and Specialty Societies:* be an ASPS Active member in good standing.
- *For Member Sections:* be members in good standing of the SIG or Forum they represent.
- Not be a member of the ASPS/PSF Board of Directors (except for the Assembly Chair), ASPS Trustees, or the ASPS/PSF Conflict of Interest Committee.
- Have previously confirmed their willingness to serve.
- Not represent more than one entity at a time within an assembly, nor serve on multiple assemblies at the same time.

Further details can be found in the [Council of Representatives Standard Operating Procedures](#).

### Instructions

Using the Authorization Statement template below, enter your information into the highlighted fields. The form must be signed by the participating group's staff or volunteer leader to be considered complete. While it is preferred that authorization forms are submitted in advance, authorization may be given the day of the meeting at least 30 minutes prior to the Assembly meeting the designated alternate is to attend. Submit completed forms to [governance@plasticsurgery.org](mailto:governance@plasticsurgery.org).

### Authorization Statement

To Whom it May Concern,

I, [PARTICIPATING GROUP'S ADMIN/PRESIDING OFFICER] authorize [DESIGNATED ALTERNATE NAME] to stand in as a designated alternate representing [PARTICIPATING GROUP] in [OFFICIAL DELEGATE]'s absence during the [DATE] Assembly of [Member Sections/State and Regional Societies/National and Specialty Societies] Meeting and to vote on matters brought before the Assembly that day. Our Designated Alternate's email address is [EMAIL ADDRESS].

*Signature of Participating Group's Admin/Presiding Officer*

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<insert date>