



Associate Membership Application Information

The Associate Member category is open to physicians certified by the American Osteopathic Board of Surgery (“AOBS”) who contribute to the overall body of knowledge of plastic and reconstructive surgery in their field.

Associate Members shall be individuals of high moral, ethical and professional competence; shall be significantly actively engaged in the practice of plastic and reconstructive surgery or another medical specialty, profession, scientific or para-medical field that is directly related to plastic and reconstructive surgery; contribute to peer-reviewed published articles in the field; and teach or run a training program. There shall be no citizenship requirement to become an Associate Member.

As an Associate member you will receive the following educational benefits:

- Subscription to Plastic and Reconstructive Surgery® (PRS) – the top plastic surgery journal in the world
- Subscription to Plastic Surgery News® (PSN), the most-read news publication of the specialty
- Access to the online ASPS Education Network (ASPS EdNet)
- Member discounts on ASPS®/PSF® programs, products and services
- Listing in the online ASPS/PSF Member Roster
- Access to members-only resources on the ASPS website

Application Process

- In addition to your application, you must submit:
 - Letter of sponsorship from an ASPS Active or Life Member
 - Curriculum vitae (CV)
 - Evidence that AOBS certification is in good standing
 - Letter from your primary specialty organization letter acknowledging your membership

Please note, a \$150 one-time application fee will be collected when submitting your application.

- Your application will be reviewed by the Membership Compliance Subcommittee. If approved, your name will be placed on a final ballot to be voted on by the ASPS Board of Directors.
- Election to Associate Membership shall be by a majority vote of the Board at a meeting at which a quorum is present.
- Associate Member dues must be paid upon approval



Associate Membership Application

Date of Application: _____

First Name: _____ MI: _____

Last Name: _____

Suffix: _____ Gender: Male _____ Female _____ Date of Birth: _____
(JR., Sr. III, IV)

Medical Degree(s): _____
(MD, PhD, FACS, Professor)

Office Address

Office Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Telephone: _____ Fax: _____

Practice Website Address: _____

Patient Referral Email: _____

Home Address

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Telephone: _____ Mobile: _____

Personal Email: _____

Sponsor (ASPS Active or Life member)

Education

Pre-medical Education: _____ Degree: _____ Date: _____

Medical School: _____ Degree: _____ Date: _____

Other: _____ Degree: _____ Date: _____

Medical Residencies (Name of Institutions)

General Surgery: _____ Start Year: _____ End Year: _____

Plastic Surgery: _____ Start Year: _____ End Year: _____

Fellowship: _____ Start Mo/Yr: _____ End Mo/Yr: _____

Internship: _____ Start Mo/Yr: _____ End Mo/Yr: _____

Board Certification

Plastic Surgery: _____ Date: _____

AOBS Certification: _____ Date: _____

ABPS Certification Number (If applicable): _____

Other: _____ Date: _____

Related Organizations and Service

Military Experience: Active _____ Reserves _____ Begin Date: _____ End Date: _____

Details: _____

Current teaching Appointments: _____

Current Hospital Appointments: _____

Medical Society Membership (present): AMA: _____ ACS: _____

Other Medical Society Membership: _____

Other Training, Research, Teaching, Etc.: _____

Special Awards or Recognition (any field): _____

Authorization to Release Information

While an Applicant for Membership and if elected to membership in the American Society of Plastic Surgeons® (ASPS or the "Society"), I agree to abide by the Society's Bylaws and Code of Ethics. I understand that membership in ASPS is a privilege and not a right. As an applicant for membership, I have the responsibility of providing information adequate for proper evaluation of my fitness for membership in ASPS.

In furtherance of my application for membership in ASPS, 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.

☐ I have additional information that may be necessary for a proper evaluation of my fitness for membership by the Society (previous disciplinary actions, license revocations, etc.) and I will provide the necessary documentation, upon request.

☐ I have no additional information to provide that would affect my fitness for membership with the Society.

Name (Printed): _____

Signature: _____ **Date:** _____

The following materials must be submitted:

1. Completed application
2. Sponsor letter from ASPS member
3. CV
4. Evidence that AOBS certification is in good standing
5. Letter from primary specialty organization

Submit the required materials shown above to:

ASPS Member Services

American Society of Plastic Surgeons

444 East Algonquin Road

Arlington Heights, IL 60005-4664, USA

Email: Membership@PlasticSurgery.org, FAX: 1-847-228-7099