



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

## International Membership Application Information

If you are a plastic surgeon who has been actively engaged in the practice of plastic and reconstructive surgery for at least three years and reside and practice in a country outside the United States or Canada, you may be eligible to become an International Member of the American Society of Plastic Surgeons® (ASPS).

The first step in joining the American Society of Plastic Surgeons as an **International Member** is to become an **International Candidate for Membership**. As a Candidate, you will receive ASPS educational benefits immediately upon receipt of your application and payment of your Candidate dues. The annual Candidate dues are prorated based on the month you apply.

### As a Candidate you will receive the following educational benefits:

- Online subscription to the journal *Plastic and Reconstructive Surgery* (PRS) – the number one plastic surgery journal in the world
- Online subscription to *Plastic Surgery News* (PSN)
- Access to the online *ASPS Education Network*® (ASPS EdNet)
- Discounts for *Plastic Surgery The Meeting* and other ASPS symposia
- Opportunity to present papers and participate in discussions at Plastic Surgery The Meeting
- ASPS International Candidate certificate



Once your completed application materials, including sponsor letters, are received and you have met all the International Member requirements, you will be placed on the next available ballot to become an **International Member**.

### As an International Member you will receive the following additional benefits:

- Listing in the *Find A Surgeon* international online directory
- Use of the ASPS International Member Logo for marketing and promotional purposes
- ASPS Certificate of International Membership
- Research grant opportunities
- ASPS Committee service eligibility and more!

**ASPS...Your essential partner in the practice of plastic surgery.™**

## Application Process

If you practice in one of the countries listed as a Global Partner below, you must submit the following:

1. Completed application (attached)
2. Copy of personal identification
3. Candidate fee
4. Letter or certificate from your national society
5. Recent photograph

*List of Global Partners:*

<b>ARGENTINA</b> (SACPER)	<b>NETHERLANDS</b> (NVPC)
<b>AUSTRALIA</b> (ASPS)	<b>NEW ZEALAND</b> (NZAPS)
<b>BELGIUM</b> (RBSPS)	<b>NORWAY</b> (NPKF)
<b>BRAZIL</b> (SBCP)	<b>PAKISTAN</b> (PAPS)
<b>COLOMBIA</b> (SCCP)	<b>PHILIPPINES</b> (PAPRAS)
<b>EGYPT</b> (ESPRS)	<b>ROMANIA</b> (ROAPS)
<b>FRANCE</b> (SOFCPRE)	<b>SINGAPORE</b> (SAPS)
<b>GERMANY</b> (DGPRAC)	<b>SOUTH AFRICA</b> (APRSSA)
<b>INDONESIA</b> (INAPRAS)	<b>SOUTH KOREA</b> (KSPRAS)
<b>IRELAND</b> (IAPS)	<b>SPAIN</b> (SECPRE)
<b>ISRAEL</b> (ISPAS)	<b>TAIWAN</b> (TSPS)
<b>ITALY</b> (SICPRE)	<b>TURKEY</b> (TSPRAS)
<b>JAPAN</b> (JSPRS)	<b>THAILAND</b> (THPRS)
<b>MEXICO</b> (AMCPRE)	<b>UNITED KINGDOM</b> (BAPRAS)
	<b>VENEZUELA</b> (SVCPRE)

If you do not practice in one of the above Global Partner countries, you need to submit the following:

1. Completed application (attached)
2. Candidate fee
3. Letter or certificate from your national society
4. Recent photograph
5. CV, list of presentations and publications (if applicable)
6. Sponsor letter from ASPS member (local members near you can be found at <https://find.plasticsurgery.org/>)

Submit the required materials to:

### **ASPS Member Services**

American Society of Plastic Surgeons

444 East Algonquin Road

Arlington Heights, IL 60005-4664, USA

Email: [Membership@PlasticSurgery.org](mailto:Membership@PlasticSurgery.org)

FAX: +1-847-228-7099



AMERICAN SOCIETY OF  
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## International Membership Application

International Membership is open to qualified plastic surgeons who reside and practice in a country other than the United States or Canada. International membership is an honor and is granted only to those plastic surgeons who have achieved professional distinction in their home country.

\_\_\_\_\_  
DATE OF APPLICATION \_\_\_\_\_  
PROMO CODE

\_\_\_\_\_  
FIRST NAME MI LAST NAME (FAMILY NAME) \_\_\_\_\_  
MEDICAL DEGREE

### Office Address

\_\_\_\_\_  
ADDRESS LINE 1

\_\_\_\_\_  
ADDRESS LINE 2

\_\_\_\_\_  
CITY STATE/ PROVINCE COUNTRY \_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
PRACTICE WEBSITE ADDRESS OFFICE EMAIL ADDRESS

### Preferred Postal Address

Same as above  
Preferred Postal Address

\_\_\_\_\_  
ADDRESS LINE 1

\_\_\_\_\_  
ADDRESS LINE 2

\_\_\_\_\_  
CITY STATE/ PROVINCE COUNTRY \_\_\_\_\_  
POSTAL CODE

### Contacts

\_\_\_\_\_  
OFFICE PHONE CELL PHONE \_\_\_\_\_  
PREFERRED EMAIL

Gender:  Male  Female Date of Birth (DD/MM/YY): \_\_\_\_\_

Name of Medical School (University) \_\_\_\_\_

Graduated/Completed Month/Year \_\_\_\_\_

**Plastic Surgery Training Information:**

Number of Years in Practice as a Plastic Surgeon (Not including residency): \_\_\_\_\_

General Surgery (Name of Hospital/Institution) \_\_\_\_\_

General Surgery Start Month/Year \_\_\_\_\_ End Month/Year \_\_\_\_\_

Plastic Surgery (Name of Hospital/Institution) \_\_\_\_\_

Plastic Surgery Start Month/Year \_\_\_\_\_ End Month/Year \_\_\_\_\_

Fellowship (Name of Hospital/Institution) \_\_\_\_\_

Fellowship Start Month/Year \_\_\_\_\_ End Month/Year \_\_\_\_\_

Name of National Society of Plastic Surgery Membership: \_\_\_\_\_

Have you achieved board certification in your country?                      Yes                      No                      Not Applicable

**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:** \_\_\_\_\_

**Please submit application, materials and fee to:**

ASPS Member Services

American Society of Plastic Surgeons

444 E. Algonquin Road

Arlington Heights, IL 60005-4664

Or email to: [membership@plasticsurgery.org](mailto:membership@plasticsurgery.org)

