



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

International Residents and Fellows Membership Application Information

ASPS offers a one-year enrollment in the Residents & Fellows Forum for \$200 per year to residents, trainees and fellows in plastic surgery training programs and surgeons in plastic surgery apprenticeships.

As an International Resident or Fellow, you receive the following educational benefits:

- Electronic subscription to *Plastic and Reconstructive Surgery* (PRS)
- Electronic subscription to *Plastic Surgery News* (PSN)
- Access to ASPS Education Network (ASPS EdNet) and the Resident Education Curriculum (REC)
- Access to members-only resources on the ASPS website
- Free admission to Plastic Surgery The Meeting with registration completed prior to the end of the early bird registration deadline
- A dedicated Resident section on the members-only message board
- Access to the ASPS Job Opportunity Board and onsite interviews
- Access to information on The PSF grants and scholarship programs
- Significant discounts on ASPS products and meetings

Enrollment Requirements

Enrollment is for residents, fellows and trainees located outside the United States and Canada who meet the following requirements:

- Plastic surgeons residents/fellows/trainees and apprentices actively engaged in a plastic surgery training program
- Annual enrollment is limited to six years, if a resident is in training for four to six years
- Submit ASPS International Resident Subscription form
- Submit a letter from your training program director stating you are currently enrolled in a plastic surgery program

To be signed by your Training Program/ Hospital Residency Director:

I certify that the above named resident is enrolled in a plastic surgery training program during the indicated time frame.

SIGNATURE – TRAINING PROGRAM / HOSPITAL RESIDENCY DIRECTOR

DATE

Subscriptions are valid for one year and are renewable annually or until end of Residency or Fellowship training. Please submit a letter of recommendation from your training program director affirming that you are currently on the program.

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.

Name (Printed): _____

Signature: _____ **Date:** _____

Please submit application and letter of recommendation from your training program director to:

ASPS Member Services
American Society of Plastic Surgeons
444 E. Algonquin Road
Arlington Heights, IL 60005-4664
Or email to: membership@plasticsurgery.org
Or fax to: +001 847-228-7099