



Residents and Fellows Forum Application Information

Residents and Fellows represent the future of plastic surgery. At ASPS, we believe it is our mission to support you at every stage of your career – from **residency to retirement**.

ASPS offers plastic surgery Residents and Fellows outstanding resources to assist and facilitate your education and training, as well as tools to help launch your career.

You are invited to join the ASPS Residents and Fellows Forum for only \$100 per year.

Enrollment Requirements:

- Residents actively engaged in an accredited plastic surgery residency program in the U.S. or Canada
- Fellows actively engaged in an ACGME accredited or private fellowship in the U.S. or Canada

As part of the ASPS Residents and Fellows Forum, you will receive the following educational benefits:

- Access to the ASPS Education Network (ASPS EdNet) and the Resident Education Center (REC)
- Discounted registration to Plastic Surgery The Meeting and educational symposia
- Members-only access to the online resources at *PlasticSurgery.org*, including a dedicated residents section and access to resident podcasts
- Leadership opportunities in the ASPS Residents Council
- Opportunity to apply to participate in the mentorship program, PROPEL
- Network with the Young Plastic Surgeons (YPS) community
- Subscriptions to *Plastic and Reconstructive Surgery® (PRS)*, *Plastic Surgery Resident* magazine and *Plastic Surgery News® (PSN)*
- Opportunity to participate in The PSF SHARE global health initiative
- Eligibility for The PSF grants and scholarship programs
- Opportunities to serve as resident ambassadors on *PRS* and *PRS Global Open* editorial boards
- Opportunities to participate in special-interest membership programs including Women Plastic Surgeons Forum, Military Forum, PRIDE Forum and more!

ASPS core values embody excellence in plastic surgery through education, research, intellectual exchange and promoting unity in the specialty of plastic surgery. We believe in supporting the newest members of our specialty and assist in your career development.

No other specialty organization offers the indispensable features and benefits that ASPS provides its members, residents and fellows. We sincerely hope that you will join us.

ASPS...Your essential partner in the practice of plastic surgery. sm



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Residents and Fellows Forum Application

FIRST NAME MIDDLE INITIAL LAST NAME DATE

MAILING ADDRESS

CITY STATE ZIP CODE

CELLPHONE

PERSONAL EMAIL

Gender: ___ Male ___ Female

DATE OF BIRTH: _____

Choose One:

Residency/Train Or

Fellowship

Please Specify:

Hand

Cranio

Burn

Maxillofacial

Aesthetic

Micro

Other:

Please Specify

Name of University Medical School: _____

Training Program Name: _____

Program Address

Program Address Line 2

City State/ Province Country Postal Code

Program Director: _____

Program Phone: _____ Email: _____

Month/Year Began

Month/Year Ends

To be signed by your Training Program Director:

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

SIGNATURE – TRAINING PROGRAM DIRECTOR

DATE

Subscriptions are valid for one year and are renewable annually or until end of Residency or Fellowship training.

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 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