

AMERICAN COUNCIL OF ACADEMIC PLASTIC SURGEONS

Membership Application

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Beverly, MA 01915
Phone: 978-927-8330 – Fax: 978-524-0461
<http://www.acaplasticsurgeons.org/>

I hereby apply for **ACTIVE** Membership

* **Active members** shall be teaching faculty in training programs in plastic surgery and fellowships in plastic surgical specialties approved by the Residency Review Committee for Plastic surgery (RRC) or Royal College of Physicians and Surgeons of Canada (RCPS(C)) and who are certified by the American Board of Plastic Surgery (ABPS), the RCPS(C) or who have qualifications as determined by the Board of Directors. Teaching faculty of non-accredited fellowships may apply for Active membership and will be considered for approval by the Board. Active members shall have the right to vote, hold office, or, in their absence, designate a proxy to represent them.

Date: _____

Name: _____ DOB: _____
(Last) (First) (MI) (MM/DD/YYYY)

Office Address: _____
(Institution) (Address)

(City) (State) (Zip)

Phone: _____ Fax: _____

Home Address: _____

(City) (State) (Zip)

Phone: _____ E-mail: _____

American Board Certification or Canadian Fellowship Status

Surgery: Date _____ Board _____

Plastic Surgery: Date _____ Board _____

Other Specialty: Date _____ Board _____

Professional Education and Training:

Medical School _____ Date of Graduation _____

Residency / Fellowship Training (list all surgical training):

1. Institution _____

Dates _____ Position _____

Chief of Service _____

2. Institution _____

Dates _____ Position _____

Chief of Service _____

3. Institution _____

Dates _____ Position _____

Chief of Service _____

4. Institution _____

Dates _____ Position _____

Chief of Service _____

Membership in Organizations (Please check next to appropriate organizations)

- Fellow, American College of Surgeons Date _____
- American Society of Plastic Surgeons Date _____
- American Association of Plastic Surgeons Date _____
- Plastic Surgery Research Council Date _____
- American Society for Surgery of Hand Date _____
- American Assn. for Hand Surgery Date _____
- American Burn Association Date _____
- American Society for Aesthetic Plastic Surgery Date _____

PLEASE ATTACH A CURRENT COPY OF YOUR CURRICULUM VITAE.

I certify that the information provided in this application is correct to the best of my knowledge. I agree to abide by the rules and regulations of the ACAPS if elected to membership.

Signed: _____

Date: _____

I confirm this applicant's professional competence and moral and ethical standing and endorse this application for membership.

Name: _____ Signature _____

(Chairman of Surgery, Dean of Medical School or Hospital Administrator sponsoring the residency program.)

Please send completed application to admin@acaplasticsurgeons.org