

AMERICAN COUNCIL OF ACADEMIC PLASTIC SURGEONS
Membership Application

500 Cummings Center, Suite 4400
Beverly, MA 01915
Phone: 978-927-8330 – Fax: 978-524-0461
<http://www.acaplasticsurgeons.org/>

I hereby apply for **RESIDENT** Membership

Resident members shall be individuals who currently training in plastic surgery programs approved by the RRC/RPSC© who have demonstrated interest in and commitment to plastic surgery education. Resident members will be eligible to hold office as the Resident representative to the Board. Resident members are encouraged to attend functions of the Council but shall not, apart from the Representative on the Board, be eligible to vote.

Date: _____

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

Institution Address: _____
(Institution) (Address)

(City) (State) (Zip)

Phone: _____ Fax: _____

Home Address: _____

(City) (State) (Zip)

Phone: _____ E-mail: _____

Institution _____ Date of Graduation _____

Program Director Name: _____

(Required, if they are not an Active member of ACAPS please include an additional sponsor)

Active Member Sponsor Name: _____

(Required, must be an Active member of ACAPS)

Professional Education and Training:

Medical School _____ Date of Graduation _____

Residency / Fellowship Training (list all surgical training): if applicable

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) if applicable

- 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.**

***PLEASE ATTACH A LETTER OF SPONSORSHIP FROM YOUR PROGRAM DIRECTOR/ACAPS MEMBER**

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: _____

Please send completed application to admin@acoplasticsurgeons.org