



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