



Society for Clinical Vascular Surgery

900 Cummings Center, Suite 221-U, Beverly, MA 01915
(978) 927-8330, FAX (978) 524-0461

Candidate Membership Application

Candidate membership shall include residents enrolled in an accredited program of surgical education and/or vascular surgeons enrolled in a research or fellowship program acceptable to the Society. After five (5) years, a Candidate member must apply for Active membership. Candidates who enrolled in specialized training programs in vascular surgery may apply directly upon completion of his or her residency training for Active membership in the Society. Candidate members shall pay dues but are not eligible to vote and are not eligible to hold office.

Active membership shall be limited to licensed surgeons who are certified by the American Board of Surgery, who are Fellows of the American College of Surgeons, or surgeons who reside outside of the United States but have surgical certification equivalent to the American Board of Surgery or membership equivalent to the American College of Surgeons. In addition, Applicants for Active Membership shall furnish evidence that they have either completed ACGME accredited vascular residency training or been actively engaged in the practice of vascular surgery for three years or more after graduation after completion of general surgery residency training. Applicants who have completed an ACGME accredited vascular residency shall supply a letter of recommendation from his or her Program Director. Applicants for Active Membership who have not completed a certified vascular residency shall submit a list of vascular procedures performed the year prior to application. The vascular procedures listed should include the operative results and complications, or a Certificate of Special Qualifications in General Vascular Surgery. Active Members shall pay dues and shall be eligible to vote and to hold office.

Date on which your training will be complete _____

Name in Full _____
Last Name *First* *MI*

Male

Date of Birth ____/____/____ Place of Birth _____ Citizenship _____ Female

Professional Address _____

City *State* *Zip* *Country*

Telephone (____) _____ FAX (____) _____ E-MAIL: _____

Residence Address _____

City *State* *Zip* *Country*

Please check preferred mailing address.

Education	Institution/Program	City/State	Degree	Date
Premedical:	_____	_____	_____	_____
Medical:	_____	_____	_____	_____
Type of Residency:	_____	_____	_____	_____
Fellowship (type):	_____	_____	_____	_____

Medical Licensure

State _____ Date: _____ License Number _____

Academic Honors: _____

I intend to participate in the annual meetings of the Society for Clinical Vascular Surgery by contributing work for presentation and by entering into the discussions. In signing this nomination form, I certify that the above information is correct and complete and do hereby agree to abide by the By-laws of the Society for Clinical Vascular Surgery.

Applicant's Signature _____

REFERENCES

WE REQUIRE, IN ADDITION TO A REFERENCE FROM YOUR CHIEF OF SURGERY, REFERENCES FROM TWO OTHER SURGEONS, PREFERABLY MEMBERS OF THIS SOCIETY, WHO ARE WELL ACQUAINTED WITH YOUR WORK.

Chief/Chairman Department of Surgery

Name: _____

Address: _____

Signature: _____

Date: _____

First Reference

Name: _____ Date: _____

Address: _____

Active Member of SCVS **YES** **NO**

Signature: _____

Second Reference

Name: _____ Date: _____

Address: _____

Active Member of SCVS **YES** **NO**

Signature: _____

CHECKLIST FOR COMPLETION OF APPLICATION

1. Complete, signed application form
2. Curriculum Vitae with Bibliography
3. Letter of Support from Chief or Chairman, Department of Surgery
4. Letter of Support from First Reference
5. Letter of Support from Second Reference

Return to: **SCVS Membership Committee, 900 Cummings Center, Suite 221-U, Beverly, MA 01915**
Telephone: (978) 927-8330 Fax: (978) 524-0461