

AMERICAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY

Associate Membership Application

Associate members must:

1. be non-physicians.
2. reside in the U.S. or Canada.
3. be individuals involved in reconstructive microneurovascular surgery through teaching, research or patient care in affiliation with an Active member of the Society.
4. be proposed and sponsored in the same manner as candidates for Active membership.
5. have attended one previous annual meeting of the Society prior to application.

Rights and duties of Associate members: They may attend scientific meetings and social functions, and may serve on committees. Associate members cannot vote or hold office. Failure to pay dues for two (2) consecutive years shall result in termination of membership.

Please type or print this application

Active _____ Associate Corresponding _____

PERSONAL DATA

Name

Office Address
City/State/Zip Code
Office Telephone
Office Fax
E-Mail

Home Address
City/State/Zip Code
Home Telephone
Date of Birth/Place of Birth
Citizenship
Name of Spouse

PROFESSIONAL QUALIFICATIONS

<i>Pre-medical School</i>

Name
Location
Dates/Degree

<i>Medical School</i> Name
Location
Dates/Degree

<i>Internship or PGY 1</i> Name
Location
Dates/Type

<i>Residency</i> Name
Location
Dates/Type

<i>Residency</i> Name
Location
Dates/Type

POST-RESIDENCY TRAINING IN MICRONEUROVASCULAR SURGERY

Inclusive Dates	Location	Names of Director of Training Program
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LICENSURE

Licensed to practice medicine in:

State or Country	Date	License No

BOARD CERTIFICATION

Specialty boards completed:

Board	Date

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Date Admitted	Organization

HOSPITAL AND UNIVERSITY STAFF AFFILIATIONS (subsequent to completing fellowship)

From / To	Hospital or University and Department	Name of Chief of Service	Your Position

PROFESSIONAL ACTIVITIES

How long have you been in practice (after fellowship)?
How long in present position?
Number of operations performed last year?
How many of these were qualifying (see next page) microneurovascular cases?

LIST OF OPERATIVE PROCEDURES

Please enclose a typewritten list of all qualifying microneurovascular operative procedures performed during the last year, including date, hospital or chart number, and patent initials. Minimal requirements for cases should be a) a minimum of 25 micro or complex reconstruction cases in a one-year period; b) 25 free flap cases over a three-year period; or c) 10% of total casework done in a year. Note: Neurolysis, carpal tunnel release and revision of previous free tissue transfer which are already contained in the case lists are not acceptable. List should include only microneurovascular cases organized into the following three categories:

- I. Limb or digit replantation or revascularization.
- II. Nerve repair or graft.
- III. Free tissue transfer.

Do not include other operative procedures. Only cases performed after the completion of residency and fellowship training are eligible. Sign your list certifying that you were the primary surgeon for these cases or explain your involvement in these cases.

PUBLICATIONS:

List each of your publications related to microneurovascular surgery, including the title, author(s), journal inclusive pages, and year. Attach additional information if necessary. Submit one copy of each paper with your application.

1.
2.
3.
4.

PRESENTATIONS RELATED TO MICRONEUROVASCULAR SURGERY

Include title of meeting, title of presentation, location, and date. Attach additional information if necessary.

1.
2.
3.
4.

ATTENDANCE AT PREVIOUS ANNUAL MEETING(S)

Attendance at a previous Annual Meeting of the American Society for Reconstructive Microsurgery is required for application eligibility. Please list annual meetings you have attended:

1.
2.
3.
4.

INSTRUCTIONS

Candidates for membership must be sponsored by one Active member of ASRM, and endorsed by two other Active members. It is recommended that one of these individuals be from the candidate's local geographical area. Each sponsor and endorser must sign the original application form and write a letter to the chairman of the ASRM Membership Committee supporting the candidate.

Sponsor

Name
Address
Signature

Endorser #1

Name
Address
Signature

Endorser #2

Name
Address
Signature

Other letters of recommendation from those familiar with your professional activities are welcomed. The Membership Committee is particularly interested in receiving letters from chiefs of service of the hospitals, clinics, and universities in which you have trained and worked.

Send, to the address, below your completed, signed application along with the following:

1. Two copies of your list of qualifying microsurgical or complex reconstruction procedures performed in the past year (12- month period).
2. Reprints of your published work in microsurgery.
3. A copy of your current curriculum vitae.
4. Any other information which may be of relevance to the Membership Committee.
5. Current black and white photograph.

Signature of Applicant _____

Date _____

Send your completed application to:

American Society of Reconstructive Microsurgery
Central Office
20 N. Michigan Avenue, Suite 700
Chicago, IL 60602
(312) 456-9579

Last updated April 21, 2006

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Application deadline is August 15