

AMERICAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY

Active Membership Application

Active member:

1. shall be board certified or equivalent certified
2. may hold citizenship in any country.
3. documented evidence of training in reconstructive microneurovascular surgery.
4. demonstrate documented evidence of either continuing practice in clinical reconstructive microneurovascular surgery or continuing involvement for the majority of their working time in research into and teaching of microneurovascular surgery.
5. must be sponsored by one (1) Active member in good standing and endorsed by two (2) Active members in good standing. One of these sponsors should be from the candidate's local area.
6. must have attended at least one annual meeting of the ASRM prior to application.

It is recommended that candidates have published or presented papers in recognized forums or publications.

Rights and Duties of Active members:

After election to active membership, and after payment of any entrance fees, dues or assessments, active members shall have all the rights and privileges of the Society. They may vote, and serve on committees of the society. Active members may be eligible to hold office. Failure to pay dues for two (2) consecutive years shall result in termination of membership.

Please type or print this application

PERSONAL DATA

Name
Designation(s)

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

Home Address
City/State/Zip Code
Home Telephone

Date of Birth/Place of Birth
Citizenship
Name of Spouse
Please indicate preferred mailing address: Home or Office
Please indicate your practice specialty/specialties

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

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

What year did you begin practice after formal training?
How long in present position?
Number of operations performed last year?
How many of these were qualifying (see next page) microneurovascular 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 an 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.

THE YOUNG MICROSURGEONS GROUP

The vision of the Young Microsurgeons Group is to unite young microsurgeons through active membership in the society and to enhance the voice and representation of younger members in the society. The Young Microsurgeon's Group will help coordinate educational experiences tailored to their membership and have a voice on select ASRM committees. Social activities will also be organized to foster camaraderie and provide opportunities to meet and interact with more senior members.

- YES I am interested in participating in the YMG
- No thank you

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 will be contacted by the ASRM Central Office for a statement of support on behalf of the candidate.

Sponsor

Name
Email Address

Endorser #1

Name
Email Address

Endorser #2

Name
Email Address

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. Reprints of your published work in microsurgery.
2. A copy of your current curriculum vitae.
3. Any other information which may be of relevance to the Membership Committee.
4. 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

or

Email to contact@microsurg.org

[Return to Member Services](#)