



EASTERN VASCULAR SOCIETY

APPLICATION FOR ACTIVE MEMBERSHIP

Name _____ Date of Birth _____
(last name) (first name) (middle name)

Office/Institution _____

Address: _____

City & State: _____ Zip Code: _____

Telephone () _____ Fax () _____

Email (Required) _____

Residence Address: _____

Telephone () _____ Fax () _____

City & State: _____ Zip Code: _____

Medical School and Year of Graduation: _____

Surgical Training: _____
(internship) (dates)

_____ (residency) (dates)

_____ (training in vascular surgery) (dates)

Board Certification if applicable

American Board of Surgery _____ date _____

American Board of Thoracic Surgery _____ date _____

Other (FRCS, etc.) _____ date _____

Fellowship if applicable

American College of Surgeons _____ date _____

Other _____ date _____

Local or Regional Vascular Society Membership

_____ date _____

Other Professional Societies in which you hold membership

Current Hospital Appointments



Current Teaching Appointments

What percentage of your professional efforts are devoted to Vascular Surgery? _____ %

If you have ever been dismissed from a hospital staff, had operative privileges revoked, or state licensure rescinded, please attach an explanation on a separate sheet of paper. none attached

Number of cases performed in a consecutive 12-month period during the year immediately prior to application:

carotid endarterectomy _____	peripheral aneurysm _____
upper extremity reconstruction _____	embolectomy _____
aortic aneurysm _____	graft thrombectomy _____
femoropopliteal bypass _____	IVC interruption _____
femorotibial bypass _____	above or below knee amputation _____

List of publications in vascular surgery (omit abstracts) and attach a separate sheet if necessary.

List the names and addresses of two individuals you will ask to submit letters in support of your application. Preferably, one should be an officer of your local or regional vascular society.

List any other information you would like the Membership Committee to consider (directorship of vascular laboratory, coordinator of vascular course, invited lecturer, etc. and attach a separate sheet if necessary.)



By submitting this application, the applicant certifies that the above information is complete and correct. The applicant agrees to participate in the meetings of the Society and abide by the Bylaws, including participation in a vascular registry as established by the Society.

(signature)

(date)

Action of the Membership Committee

Approved _____ date _____

Deferred _____ date _____

Dropped _____ date _____

Action of the Executive Council

Elected _____ date _____

Deferred _____ date _____

Dropped _____ date _____

19 North Street
Salem, MA 01970
Tel. (978) 745-8331
Fax. (978) 745-8334