



EASTERN VASCULAR SOCIETY

APPLICATION CANDIDATE MEMBERSHIP

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

Office/Institution _____
(street and number)

(city, state and zip code) Telephone () _____

Fax () _____ Email (Required) _____

Residence _____

(city, state and zip code) Telephone () _____

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If you have ever been dismissed from a hospital staff, had operative privileges revoked, or state licensure rescinded, please attach an explanation on a separate sheet of paper.

Provide a brief narrative of your professional activities related to vascular medicine/radiology/surgery. Attach a separate sheet if necessary.

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

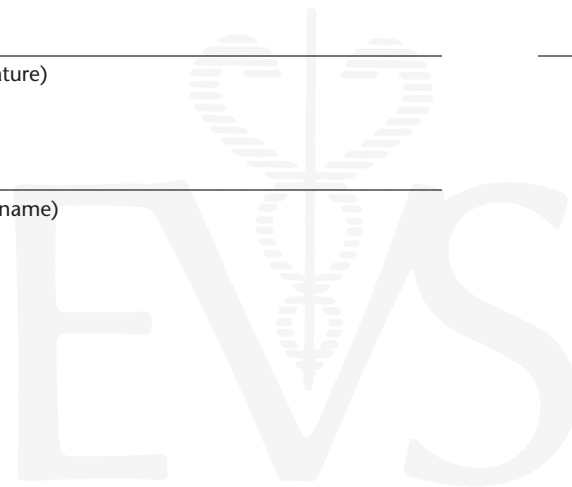
List any other information you would like the membership committee to consider (directorship of vascular laboratory, coordinator of vascular course, invited lecturer, etc. and attach a separate sheet if necessary).

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.

(signature) _____ (date)

Program Director (signature) _____ (date)

Program Director (print name)



Action of the membership committee

Approved _____ date _____

Deferred _____ date _____

Dropped _____ date _____

Action of the executive council

Approved _____ date _____

Deferred _____ date _____

Dropped _____ date _____