



**Southeastern
Society of Plastic
and
Reconstructive
Surgeons**

Application for Active Membership

The Southeastern Society of Plastic and Reconstructive Surgeons invites you to apply for membership. SESPRS membership benefits each physician by providing a variety of live educational programs, discounted meeting registration, committee volunteer opportunities, potential abstract acceptance and speaker opportunities, training DVDs, members-only access to member data and Society information, scholarship and educational grant offerings, and much more.

Full benefits may be viewed by visiting www.sesprs.org

Currently, SESPRS offers two classes of membership for which Physicians/ Residents may apply: Candidate Membership, and Active Membership. *Individuals wishing to apply for Active status may use this form.*

ACTIVE MEMBERSHIP APPLICATION



Academic Degrees

COLLEGE/S DATES ATTENDED DEGREE

MEDICAL SCHOOL/S DATES ATTENDED DEGREE

OTHER

Surgical and/or Medical Training

Internship *(Surgical, Rotating, etc.)*

HOSPITAL/S LOCATION DATES

Surgical Residencies

HOSPITAL/S LOCATION /TYPE DATES

CHIEF OF SURGERY OF PRIMARY RESIDENCY *(NAME)*

ADDRESS

Plastic Surgery Residencies

HOSPITAL/S LOCATION DATES

CHIEF OF PLASTIC SERVICE *(NAME)*

ADDRESS

Fellowships *(Hand, Head, Neck, etc.)*

HOSPITAL/S LOCATION DATES

LIST MENTOR OF FELLOWSHIP *(NAME)*

ADDRESS

Board Eligibility and/or Certification

SPECIALTY DATES

Medical Licensure

STATE/S DATES

Hospital Staff Appointments

HOSPITAL/S LOCATION DATES

Medical Organizations and Societies

NAMES

Honors, Awards, etc.

TITLES

Publications and Scientific Presentation *(Use Additional Sheet if Necessary)*

TITLES

Past Attendance at Southeastern Society Meetings

LOCATION/S DATES

Sponsor

NAME

ADDRESS

References

NAME

ADDRESS

NAME

ADDRESS

PLACE PHOTO HERE

or send to

SESPRS via e-mail

(info@sesprs.org)

Photograph

Wallet-size (approx. 2.5" x 3.5") portrait photograph OR electronic file (jpg) MUST be submitted with this application.

Professional Sanctions

1. Has your license to practice medicine in any jurisdiction ever been limited, suspended or revoked?
 Yes No
2. Have you ever been refused membership on a hospital medical staff?
 Yes No
3. Have your privileges at any hospital even been suspended, revoked or not renewed?
 Yes No
4. Has your BNDD number ever been suspended or revoked?
 Yes No
5. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical organization?
 Yes No
7. Have you ever been denied malpractice insurance?
 Yes No

If you answered **YES** to any of the above, please provide explanation:

Authorization to Release Information

I, _____
hereby consent to the **Southeastern Society of Plastic and Reconstructive Surgeons** investigating into all incidences in my past that they feel, in their judgement, reflect upon my professional qualifications or my moral conduct. I hereby release from liability any hospital, medical staff, medical organization or person in the Southeastern Society of Plastic and Reconstructive Surgeons, from liability for acts performed in connection with the collection or evaluation of information or opinions, whether or not requested or solicited, in connection with my application for membership in the southeastern society of plastic and reconstructive surgeons. I further consent not to demand, through any judicial process, access to the file they accumulate in considering my application and waive any rights I may have there to.

Pledge

I pledge, myself, to pursue the practice of plastic surgery with scientific honesty and to place the welfare of my patients above all else, to advance constantly in knowledge, and to render willingly help to my colleagues, to ask their advice when in doubt as to my own judgement. I will uphold the honor of the profession by dealing honestly with patients and colleagues and striving to expose those surgeons deficient in character, competence or who engage in fraud or deception and refrain from misleading or deceptive advertising. The principles of conduct are designed to help me maintain a high level of ethical and moral conduct.

Payment Information

Payment may be made by check or credit card in U.S. funds drawn on a U.S. bank. Submit your payment via mail, fax or e-mail (see below). A confirmation will be sent as soon as your payment is processed. Contact SESPRS Staff at **(703) 234-4067** or **info@sesprs.org** with any questions.

Payment Amount: \$25.00*

Payment Remittance Options (please select one):

- Check (please make check payable to SESPRS)
 Credit Card

If paying by credit card:

- Visa MasterCard American Express

Name (as it appears on credit card)

Card Number Exp Date Security Code

Signature

* Currently no portion of SESPRS membership fees are used for lobbying activities.