



Founded by Surgeons
of the United States and Canada,
1913

ASSOCIATE FELLOW APPLICATION

Name (FIRST) (MIDDLE) (LAST)

Address

City State/Province ZIP/Postal Code

Telephone () Fax () E-mail

Date of Birth (MONTH) (DAY) (YEAR) Social Security No. Gender: Female Male

1. Premedical Education

Full Name and Location of College or University	Degree(s)	Dates of Graduation	Specify Month and Year	
			From	To
.....
.....

2. Medical School Education

Full Name and Location of Medical School	Degree	Date of Graduation	Specify Month and Year	
			From	To
.....
.....

3. Postdoctoral Education (after MD)

Current Educational Position (present academic year)

Institution	Level of Appointment	Dates	
		From	To
.....

Full Name and Location of Institution	Level (Intern, Resident, Fellow)	Department	Specify Month and Year	
			From	To
1st Year
2nd Year
3rd Year
4th Year
5th Year
6th Year
7th Year
8th Year
9th Year

4. Graduate Degree (in addition to MD)

Full Name and Location of Institution	Degree	Specify Month and Year	
		From	To
.....

5. Military Service

Branch and Assignment	From	To
.....

6. Licensure

Name of State or Province	Full License	Restricted License	License Number	Date Original License Was Issued
.....
.....

7. Other Activities

If, after the date you finished your medical education or surgical training, any time period of 6 months or more is not accounted for elsewhere on this application, please record the appropriate information below.

Professional Activities (research, general practice, other study, or other employment)	Location (City and State/Province)	Specify Month and Year	
		From	To
.....
.....
.....

8. Date of Entry into Surgical Practice: Month **Year**

9. Certification: American Board of **Date**

Certification: Royal College of Surgeons of Canada **Speciality** **Date**

Not Certified—projected date for attaining certification

In making application for Associate Fellowship in the American College of Surgeons, I agree to abide by the Bylaws of the College, and by such rules and regulations as may be enacted from time to time.

Date Signature

Since you are applying for affiliation with the American College of Surgeons as an Associate Fellow, we hope you will read the Fellowship Pledge and adhere to it in your practice. Applicants for Fellowship in the College formally subscribe to this pledge as part of their application.

FELLOWSHIP PLEDGE

Recognizing that the American College of Surgeons seeks to exemplify and develop the highest traditions of our ancient profession, I hereby pledge myself, as a condition of Fellowship in the College, to live in strict accordance with its principles and regulations.

I pledge myself to pursue the practice of surgery with honesty and to place the welfare and the rights of my patient above all else. I promise to deal with each patient as I would wish to be dealt with if I were in the patient's position, and I will set my fees commensurate with the services rendered. I will take no part in any arrangement, such as fee splitting or itinerant surgery, which induces referral or treatment for reason other than the patient's best welfare.

Upon my honor, I declare that I will advance my knowledge and skills, will respect my colleagues, and will seek their counsel when in doubt about my own abilities. In turn, I will willingly help my colleagues when requested.

Finally, I solemnly pledge myself to cooperate in advancing and extending the art and science of surgery by my Fellowship in the American College of Surgeons.

My check for \$75.00 is enclosed.
(Make check payable in U.S. currency only to the **American College of Surgeons.**)

Charge my \$75.00 application fee to:

American Express

MasterCard

VISA

Card #

Exp. Date /

Cardholder's Signature

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