



Founded by Surgeons
of the United States and Canada,
1913

RESIDENT MEMBERSHIP APPLICATION

Name (FIRST) (MIDDLE) (LAST)

Address

City State/Province ZIP/Postal Code

Telephone (.....) Fax (.....) E-mail

Date of Birth (MONTH) (DAY) (YEAR) Gender: Female Male

1. Medical School Education

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

2. Postdoctoral Education (after MD)

Current Educational Position (present academic year)	Institution	Level of Appointment	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

3. Graduate Degree (in addition to MD)

Full Name and Location of Institution	Degree	From	To
.....

4. Military Service

Branch of Assignment	From	To
.....

5. Licensure

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

6. 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
.....
.....
.....

In making application for the Resident membership of 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

Verification of participation in the accredited surgical residency program.

.....
.....

Date Signature
Program Director
.....
Type or Print Name of Program Director

Because you are applying for Resident membership, we believe that you would be interested in reading the Fellowship Pledge. 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 the College's principles and regulations.

I pledge 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 was in the patient's position, and I will respect the patient's autonomy and individuality.

I further pledge to affirm and support the social contract of the surgical profession with my community and society.

I will take no part in any arrangement or improper financial dealings that induce referral, treatment, or withholding of treatment for reason other than the patient's 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.

I recognize the interdependency of all health care professionals and will treat each with respect and consideration.

Finally, by my Fellowship in the American College of Surgeons, I solemnly pledge to abide by the Code of Professional Conduct and to cooperate in advancing the art and science of surgery.

My check for \$20.00 is enclosed. (Make check payable in U.S. currency only to the American College of Surgeons.)

Charge my \$20.00 application fee to:

- American Express
- MasterCard
- VISA

Card #

Exp. Date /

Cardholder's Signature

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