

**3 EASY WAYS TO
SUBMIT YOUR
FORM**

1 E-mail

reinstate@facs.org

**Note: Adobe Acrobat Reader does not support a "save" function.
You will need to print any forms for sending.*

2 Fax

312-202-5007

3 Mail

Cory Suzan Petty
American College of Surgeons Credentials Section
633 N. Saint Clair Street, Chicago, IL 60611-3295

Name _____ ACS ID Number (If available) _____

Address 1 _____

Address 2 _____

City _____ State _____ ZIP Code _____ Country _____

Business Phone _____ Mobile _____ E-Mail _____

Record all pertinent information for the current year

If you are in a training program such as a residency or fellowship, please complete the following portion.

Resident members are dues-free.

☐ I am in an ACGME-accredited residency program ☐ I am in a fellowship ☐ I am in surgical research

Institution _____ City _____ State _____

Surgical Specialty _____

My projected year of entry into practice is _____

My current PGY is... (Choose one) ☐ Clinical 1 ☐ Clinical 2 ☐ Clinical 3 ☐ Clinical 4 ☐ Clinical 5 ☐ Chief Year
☐ Research 1 ☐ Research 2 ☐ Research 3 ☐ Fellowship (year) 1 ☐ Fellowship (year) 2
☐ Other _____

Name of Program Director/Administrator _____

Program Director/Administrator E-Mail _____

Program Director/Administrator Signature _____ Date _____

For a list of our member benefits, please visit the ACS website at facs.org/benefits

American College of Surgeons / 633 N. Saint Clair Street / Chicago, IL 60611-3295 / 312-202-5000 / facs.org