



Mastery in General Surgery  
Program  
American College of Surgeons

## Junior Associate Application

### Program Requirements

- To apply, submit this completed application and supporting documents (Appendices A-D) to [MasteryGS@facs.org](mailto:MasteryGS@facs.org).
- Complete Surgery Residency at an accredited program in the U.S. or Canada.
- Meet all individual program requirements and goals as determined by the program site.
- Upon program completion, submit case logs and complete a program evaluation.

Date:

### I. Preliminary Information

A. Applicant Name:

B. Contact Information

1. Mailing Address:
2. Personal Email Address:
3. Phone Number:

C. Medical School:

1. Year Graduated:

D. Residency Program Name and Dates:

E. Fellowship Program Name and Dates (if applicable):

F. Are you currently in good standing in your residency program, or American Board of Surgery (ABS) eligible or certified? [See Appendix C.]:      **Yes**      **No**

G. Are you eligible to hold a valid and unrestricted medical license in the state of the program(s) to which you are applying? [See Appendix D.]:      **Yes**      **No**

1. Please list the states in which you hold either a training license or an active medical license:

H. To which program sites are you applying? Consult the [Available Positions page](#) for a list of sites currently recruiting, as the status changes frequently. Please list all:

**II. Statement of Purpose**

Please explain your interest in the Mastery GS Program and your overall goals for the year. Please include any special interests that would align with the program(s) to which you are applying.

Describe specific needs you hope to address in the Mastery GS Program. This may include clinical, operative, or practice management areas.

**III. Attestations**

I agree that the above is true, accurate, and complete to the best of my knowledge. I authorize the American College of Surgeons to share this information with Mastery in General Surgery Program sites and the Mastery in General Surgery Program Steering Committee. If accepted into the Mastery in General Surgery Program, I authorize the American College of Surgeons to include my name and institution in published materials.

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Signature

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Date

Please send this completed application and supporting documents below to [MasteryGS@facs.org](mailto:MasteryGS@facs.org).

**Appendix A**  
**Curriculum Vitae**

Please attach your current CV.

**Appendix B**  
**Letter of Reference**

Please attach at least one letter of reference supporting your participation in the Mastery in General Surgery Program. The letter(s) should be from a department chair and/or program director. Letters may be sent directly from the author or program coordinator to [MasteryGS@facs.org](mailto:MasteryGS@facs.org).

**Appendix C**  
**Residency Program Status, Board Eligibility or Certification**

Please attach supporting documentation illustrating your residency program standing, American Board of Surgery Eligibility or Certification.

**Appendix D**  
**State Medical Licensure**

Please attach supporting documentation illustrating your appropriate state medical licensure. A current training license is acceptable.

**Contact Information**

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