



3 EASY WAYS TO SUBMIT YOUR FORM

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reinstat@facs.org

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

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

Name _____ ACS ID Number (If available) _____

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Record all pertinent information from the present time through June 2020

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

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 _____ Program Director E-Mail _____

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Make check payable in U.S. currency only to the American College of Surgeons.

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American College of Surgeons Credentials Section
633 North Saint Clair Street
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