

**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 from the present time through June 2023

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

Resident members are dues-free for 2022-23 billing year.

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