

New England Society of Plastic and Reconstructive Surgeons, Inc.

Membership Application

Name: _____

Date of Birth: _____

Office Address: _____

Office Telephone: _____

Home Address: _____

Home Telephone: _____

E-Mail Address: _____

Appointment/Affiliation: _____

Name of Spouse (if any): _____

Please check all items below that apply:

- I am certified by the American Board of Plastic Surgery.
- I am an Active Member of the American Society of Plastic Surgeons.
- I am a Candidate Member of the American Society of Plastic Surgeons.

Please send the reference forms to two sponsors for your membership application.

Sponsor 1 - (Plastic Surgery Program Director/Successor)

Sponsor 2 - (An Active or Senior Member of the NESPRS who knows you/your practice)

Please send your Application and Curriculum Vitae to:

Charlotte Constantian, NESPRS, PO Box 273, Nashua, NH 03061

[Applications completed by April 15th each year will be submitted by the Membership Chair to the Executive Council/Active Members to be voted upon at the upcoming Annual Meeting.]

I here agree to comply with the Constitution and By-Laws of the New England Society of Plastic and Reconstructive Surgeons, Inc., and pay all dues and assessments promptly.

(Signature)

(Date)

New England Society of Plastic and Reconstructive Surgeons, Inc.

Membership Sponsor Letter

Applicant Name: _____

- (1) How long have you known the applicant personally? _____ years
- (2) Do you feel qualified in commenting on the applicant's professional ability and surgical judgment? ____ Yes ____ No
- (3) Does the applicant have an established practice in plastic surgery?
____ Yes ____ No
- (4) Do you know of any past or pending adverse action taken which could restrict the applicant's medical license or any hospital privilege? ____ Yes ____ No
- (5) In your opinion, how are the applicant's professional ability and surgical judgment?
____ Excellent ____ Good ____ Satisfactory ____ Unsatisfactory ____ Unknown
- (6) In your opinion, how is the applicant's ethical standard?
____ Excellent ____ Good ____ Satisfactory ____ Unsatisfactory ____ Unknown
- (7) Do you recommend this applicant for membership in the New England Society of Plastic and Reconstructive Surgeons, Inc? ____ Yes ____ No

Please provide your supporting comments. (Required)

Sponsor Name: _____ Telephone: _____

Office Address: _____

(Signature) _____ (Date)

Thank you for your assistance. Please send this sponsor letter to:

Charlotte Constantian, NESPRS, PO Box 273, Nashua, NH 03061

