

Southeastern Surgical Congress

Application for Fellowship

All areas must be completed before processing can begin.

Check One: Regular Associate Affiliate Resident

Please print or type

NAME (First) _____ (Middle) _____ (Last) _____

ADDRESS (Please fill in professional and residence information, then check primary address to which all official correspondence should be sent.)

PROFESSIONAL _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail _____

RESIDENCE _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail _____

BIRTH DATE _____ / _____ / _____ PLACE _____

EDUCATION AND TRAINING

Undergraduate Institution _____	Dates Attended _____	Degree (Major) _____
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Post-graduate Institution _____	Dates Attended _____	Degree (Major) _____
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Medical Institution _____	Dates Attended _____	Degree (Major) _____
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Internship Institution _____	Dates Attended _____	Degree (Major) _____
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Residency Institution _____	Dates Attended _____	Degree (Major) _____
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Residency Institution _____	Dates Attended _____	Degree (Major) _____
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Fellowship Institution _____	Dates Attended _____	Degree (Major) _____
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BOARD CERTIFICATION:

Specialty _____ Date ____ / ____ / ____

MEMBERSHIP IN MEDICAL & SURGICAL ORGANIZATIONS (please list):

HOSPITAL AND TEACHING AFFILIATIONS:

BIBLIOGRAPHY (add additional pages if necessary or include CV):

REFERENCES (Letters not required.)

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

If accepted for Fellowship, I hereby agree to abide by the Constitution and By-Laws of the Southeastern Surgical Congress, to attend its meetings, and contribute by the presentation of papers and entering into discussions.

Applicant's Signature _____ Date ____ / ____ / ____

Southeastern Surgical Congress

Categories of Fellowship

TYPES OF FELLOWS - Fellowships are unlimited in number and are composed of Regular Fellows, Associate Fellows, Affiliate Fellows, Resident Fellows, and Honorary Fellows.

REGULAR FELLOW - A surgeon who is a diplomat of an approved surgical Board* who resides in the territory of the Congress.

AFFILIATE FELLOW - A surgeon who has completed an approved residency but has not passed the respective Board exams. Dues shall be the same as for Regular Fellows.

ASSOCIATE FELLOW - A surgeon who is a diplomat of an approved surgical board* who resides outside the territory of the Congress.

RESIDENT FELLOW - A resident who is in training in an approved residency program.** Dues are minimal and include a subscription to The American Surgeon.

* Approved by the American Board of Medical Specialties

** Approved by the Accreditation Council for Graduate Medical Education

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR FELLOWSHIP

1. Applications for Fellowship must include three references.
2. All information must be filled in completely.
3. Mail completed application to:
Southeastern Surgical Congress
115 Samaritan Drive, #200
Cumming, GA 30040

Applicant, do not write below this line.

Approved by State Credentials Committee

Regular Fellow: Yes No

Affiliate Fellow: Yes No

Associate Fellow: Yes No

Resident Fellow: Yes No

Signature of State Councilor _____ Date ____ / ____ / ____

Approved by Central Credentials Committee

Chairman, Membership Committee _____ Date ____ / ____ / ____

Member No. _____ Regular Affiliate Associate Resident