



American Association of Pediatric Plastic Surgeons

ACTIVE MEMBERSHIP APPLICATION

The American Association of Pediatric Plastic Surgeons (AAPPS) was created to promote the art and science of pediatric plastic surgery and to improve the care of children with deformities requiring reconstructive plastic surgery. AAPPS annual Active membership dues are \$100.00.

Information

FIRST NAME MIDDLE NAME LAST NAME SUFFIX/DEGREE

Date of Birth:

MONTH DAY YEAR

Office Address:

OFFICE/INSTITUTION DEPARTMENT TITLE

ADDRESS CITY /STATE /PROVINCE COUNTRY/POSTAL CODE

OFFICE TELEPHONE HOME TELEPHONE OFFICE FAX

E-MAIL ADDRESS WEB SITE

GENDER _ M _ F

Percentage of Time Devoted to Pediatric Plastic Surgery: _____

If you do not devote 100% of your time to Pediatric Plastic Surgery, please indicate how the rest of your time is spent: _____

Medical Education and Training

Medical School Graduation Date:

MEDICAL SCHOOL MONTH DAY YEAR

Training:

RESIDENCY INSTITUTION START DATE END DATE

RESIDENCY INSTITUTION START DATE END DATE

FELLOWSHIP INSTITUTION START DATE END DATE

OTHER TRAINING INSTITUTION START DATE END DATE

Board Certification

Are you Board Certified? YES ___ NO ___

BOARD CERTIFICATION	SPECIALTY	DATE OF MOST RECENT CERTIFICATION
BOARD CERTIFICATION	SPECIALTY	DATE OF MOST RECENT CERTIFICATION

Medical License

LICENSE NUMBER	LICENSE STATE/PROVINCE/COUNTRY	YEAR ISSUED
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Has your medical license or hospital privileges ever been revoked, suspended or restricted? YES ___ NO ___

If yes, please provide detail of the situation(s) on a separate page.

Are you aware of any current inquiry, investigation, complaint, or other proceeding that could result in the revocation, suspension, or restriction of your medical license? YES ___ NO ___

If yes, please provide detail of the situation(s) on a separate page.

Supporting Documentation and Sponsorship

Please include your Curriculum Vitae and two (2) letters of support from AAPPS members along with your completed application to:

American Association of Pediatric Plastic Surgeons (AAPPS)

500 Cummings Center, Ste 4550

Beverly, MA 01915 USA

membership@PediatricPlasticSurgery.org

Should you need assistance identifying Association members to sponsor your application, please contact the AAPPS administrative office at

membership@PediatricPlasticSurgery.org.

Application Submission

I, _____, hereby certify that all information recorded on this application and any supporting documentation is accurate and supports my qualifications for membership in the American Association of Pediatric Plastic Surgeons, for which I now apply.

I hereby agree that the American Association of Pediatric Plastic Surgeons may verify any data provided within this application. If elected, I agree to conform to all applicable policies and membership requirements of the AAPPS and uphold its Code of Ethics.

Signature _____ Date _____