



# American Association of Pediatric Plastic Surgeons

## AFFILIATE 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 Affiliate membership dues are \$25.00.

### 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: \_\_\_\_\_

### Affiliate Member Subcategory

#### I am...

- A **resident** currently enrolled in an plastic surgery residency program that has been approved by the Residency Review Committee (RRC-PS) for Plastic Surgery and accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a program approved by the Royal College of Physicians and Surgeons of Canada (RCPSC).
- A **post-residency Fellow** fully trained in plastic and reconstructive surgery pursuing further subspecialty training in pediatric plastic surgery.
- A **surgeon** who has completed training and has entered clinical practice, but has not yet attained American Board of Plastic Surgery or Royal College of Surgeons of Canada membership. I am committed to the clinical and academic interests of children and adolescents in the field of pediatric plastic surgery.
- A **registered nurse, speech pathologist, physical or occupational therapist, or social worker** who is committed to the clinical and academic interest of children and adolescents in the field of pediatric plastic surgery.
- A **research scientist with a Masters or PhD degree** who is committed to the clinical and academic interests of children and adolescents in the field of pediatric plastic surgery.

## Medical Education and Training (please complete all applicable fields)

### Medical School Graduation Date:

MEDICAL SCHOOL	MONTH	DAY	YEAR
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### Training:

RESIDENCY	INSTITUTION	START DATE	END DATE
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RESIDENCY	INSTITUTION	START DATE	END DATE
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FELLOWSHIP	INSTITUTION	START DATE	END DATE
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OTHER TRAINING	INSTITUTION	START DATE	END DATE
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OTHER TRAINING	INSTITUTION	START DATE	END DATE
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## 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](mailto:membership@PediatricPlasticSurgery.org)

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

[membership@PediatricPlasticSurgery.org](mailto: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 \_\_\_\_\_