Since its inception in 1985, the American Academy of Cosmetic Surgery (AACS) has become the leading educational platform for cosmetic surgery practitioners from a diverse array of medical specialties. AACS is comprised of medical and dental professionals who pursue educational and training opportunities in cosmetic surgery to ensure consistently high-quality patient care. From live surgery workshops to Annual Scientific Meetings, the AACS is the most trusted resource for patient safety through cosmetic surgery education.

**AACS Mission:** To advance the multi-specialty, global discipline of cosmetic surgery and medicine for the benefit of patients and practitioners.

AACS promotes and maintains commitment to the Academy’s exempt purpose, patient safety and expects its members to share in its mission.

In considering an endorsement of this applicant, please consider the following statements:

- The applicant has shown strong knowledge and skills in the area of cosmetic surgery and uses the safest and most effective practices.
- The applicant supports education and research within cosmetic surgery in pursuit of the highest safety and efficacy in procedures, tools, technologies, treatments and practices.
- The applicant’s interaction with both patients and other health care team members is always with integrity and respect.

Based on the above criteria, it is without reservation that I endorse _________________________________ as a qualified and worthy candidate for AACS membership.  

(Applicant’s name).

**Relationship to Applicant**

- Fellow Member, American Academy of Cosmetic Surgery
- Member, American Academy of Cosmetic Surgery
- Chief of Surgery/Staff of attending hospital
- Medical Professional Colleague  Number of years known: ______________________________
- Residency/Fellowship Program Director  Start Date: ______________________________  
  Program End Date: ___________________________

**Endorser Name (please print)** __________________________________________________________

**Email** __________________________________________________________________________

**Signature** __________________________________________ Date ___________________

**Instructions for Applicant:**

Fellow-level Applicant: Please have a current Fellow-level AACS member sign your endorsement form. If you do not know a Fellow-level member, please contact AACS Headquarters 312.981.6760 or info@cosmeticsurgery.org.

Allied Health & Physician-level Applicant: Endorser can be a member of AACS, a Chief of Surgery/Staff of a hospital, or another medical professional colleague you have known for three (3) or more years.

Resident Applicant: Residency/Fellowship Program Director must be the endorser. Program beginning and completion dates must be included.

**Until the completed endorsement is received at AACS Headquarters, your membership application is considered incomplete.**

Return the completed endorsement to: Margaret Bengtson, AACS Coordinator, 225 W. Wacker Dr. #650, Chicago, IL 60606  Email: mbengtson@thesentergroup.com  Fax: 312.265.2908