



# Southeastern Society of Plastic and Reconstructive Surgeons

## *Breast Fellowship Application*

The Southeastern Society of Plastic and Reconstructive Surgeons invites you to apply for the Breast Fellowship.

This Fellowship has been established through an unrestricted educational grant provided by Mentor Worldwide, LLC. The Southeastern Society of Plastic and Reconstructive Surgeons has established a “Breast Fellowship” that began in 2017. This will provide the opportunity for a young fully trained plastic surgeon, either immediately following residency or after some period of practice, to spend six months traveling to several centers of breast surgery excellence, both in the US and abroad, to provide an intense and concentrated learning experience in reconstructive and aesthetic breast surgery. The Society will provide a maximum amount of \$30,000.00 for salary and educational components. The fellow would spend a minimum of four weeks and a maximum of eight weeks at each center, and SESPRS would help the individual choose from a list of available centers to best meet his or her educational goals. The chosen fellow would be vetted by our committee. We understand that credentialing issues may mandate that this will be primarily an observational learning experience, but the fellow would be expected to help out in any way that would be legally permissible.



## **Eligibility**

**Applicants for the Fellowship MUST meet the following criteria:**

**1. A practicing plastic surgeon that is:**

- a. Is an Active or Candidate Member of SESPRS and actively engaged in the practice of plastic and reconstructive surgery in one of the following states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Virginia; or in Caribbean countries which are not within the geographical boundaries of any other regional society.
- b. Be of high moral and professional character.

**2. To be considered for this Fellowship, a surgeon must:**

- a. Submit a completed application via email, mail or Fax; an updated CV and a current photo [JPG form] to the committee
- 3. The committee will review the application and supporting documentation of each eligible applicant and determine by majority vote the name of the Traveling Breast Fellow.
- 4. The Committee will accept applications until February 28, 2017. The applicants will then be notified of the committee's decision.
- 6. The completed application **should be submitted to** Susan Russell at [srussell@sesprs.org](mailto:srussell@sesprs.org) or via fax 435-487-2011. Confirmation will be sent upon receipt.
- 7. Applicant will be required to submit a full expense report prior to the completion of the fellowship.

For questions or additional information, please contact the SESPRS office at 435-901-2544 or [srussell@sesprs.org](mailto:srussell@sesprs.org)

# Personal Information

Date of Application: \_\_\_\_\_

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Name of Applicant: First/Middle/Last/Suffix

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Date of Birth

Place of Birth

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Office/Practice Name

Office Phone Number

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*Web Site Address & Social Media Address*

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Office Street Address

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Office City, State and Zip Code

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Office Email Address/Alternate Contact Email Address

Please write a brief description of why you feel you are a good candidate for this fellowship and what you want to learn from the fellowship. (500 words or less)

**Academic Degrees**

College/s                      Dates Attended                      Degree

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Medical School/s      Dates Attended                      Degree

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Other

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**Surgical and/or Medical Training**

**Internship** (Surgical, Rotating, etc.)  
Hospital/s                      Location                      Dates

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**Surgical Residencies**  
Hospital/s                      Location/Type                      Dates

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**Name of Chief of Surgery of Primary Residency**

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Address

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**Plastic Surgery Residencies**  
Hospital/s                      Location                      Dates

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**Name of Chief of Plastic Surgery**

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Address

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**Fellowships (Hand, Head, Neck, etc.)**  
Hospital/s                      Location                      Dates

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**Name of Mentor of Fellowship**

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Address

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**Board Eligibility and/or Certification**

Specialty                      Dates

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**Medical Licensure**  
State/s                      Dates

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**Hospital Staff Appointments**  
Hospital/s                      Location                      Dates

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**Medical Organization and Societies**  
Name/s

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**Honors, Awards, etc.**

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**Publications and Scientific Presentation (use additional sheet if necessary)**

Titles

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**Past Attendance at Southeastern Society Meetings**  
Location/s                      Dates

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**Sponsor Name and Address**

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**Reference Name**

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**Reference Address**

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**Reference Email**

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**Reference Name**

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**Reference Email**

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**Professional Sanctions**

1. Has your license to practice medicine in any jurisdiction ever been limited, suspended or revoked?

**YES                      NO**

2. Have you ever been refused membership on a hospital medical staff?

**YES                      NO**

3. Have your privileges at any hospital ever been suspended, revoked or not renewed?

**YES                      NO**

4. Has your BNDD number ever been suspended or revoked?

**YES                      NO**

5. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical organization?

**YES                      NO**

6. Have you ever been denied malpractice insurance?

**YES                      NO**

If you answered YES to any of the above, please provide explanation:

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**Authorization to Release Information**

I, \_\_\_\_\_  
Hereby consent to the Southeastern Society of Plastic and Reconstructive Surgeons investigating into all incidences in my past that they feel, in their judgment, reflect upon my professional qualifications or my moral conduct. I hereby release from liability any hospital, medical staff, medical organization or person in the Southeastern Society of Plastic and Reconstructive Surgeons, from liability for acts performed in connection with the collection or evaluation of information or opinions, whether or not requested or solicited, in connection with my application for membership in the Southeastern Society of Plastic and Reconstructive Surgeons. I further consent not to demand, through any judicial process, access to the file they accumulate in considering my application and waive any rights I may have there to.

**Pledge**

I pledge, myself, to pursue the practice of plastic surgery with scientific honesty and to place the welfare of my patients above all else, to advance constantly in knowledge, and to render willingly help to my colleagues, to ask their advice when in doubt as to my own judgment. I will uphold the honor of the profession by dealing honestly with patients and colleagues and striving to expose those surgeons deficient in character, competence or who engage in fraud or deception and refrain from misleading or deceptive advertising. The principles of conduct are designed to help me maintain a high level of ethical and moral conduct.

**Applicant Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**ATTACH A PHOTO AND CURRENT CV WITH YOUR APPLICATION SUBMISSION**