



Southeastern Society of Plastic and Reconstructive Surgeons

Application for Active Membership

The Southeastern Society of Plastic and Reconstructive Surgeons invites you to apply for membership.

SESPRS membership benefits each physician by providing a variety of live educational programs, CME credits with all SESPRS sponsored meetings, committed board members, discounted meeting registration, committee volunteer opportunities, potential abstract acceptance and speaker opportunities, members-only access to member data and Society information, discounted Annals of Plastic Surgery subscription (50% off), quarterly newsletters, scholarship and educational grant offerings, low membership dues, networking, social media and much more.

Currently, SESPRS offers two classes of membership for which physicians and residents may apply: Candidate Membership and Active Membership.

Physicians wishing to apply for Active Membership should use this form.



Eligibility

Applicants for Active Member Membership MUST meet the following criteria:

1. A practicing plastic surgeon that is:

- a. Certified by the American Board of Plastic Surgery,
- b. 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. i. Active members who relocate out of the geographical area of the Society, and if still actively engaged in the practice of plastic surgery, will be permitted rights and all privileges of Active membership except they will not be permitted to hold office on the Executive Committee.
 - b. ii. Any actively practicing board certified plastic surgeon who has successfully completed a plastic surgery residency or recognized fellowship in one of the Southeastern states (Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee or Virginia) training programs may apply for Active Membership even if they reside outside the Southeastern States or the Caribbean. These applicants must submit a completed application to the Membership Committee and have their Southeastern program/fellowship director submit a letter of recommendation attesting to their satisfactory completion of the program/fellowship. These members will have all rights and privileges of Active Membership except he/she may not hold office on the Executive Committee. (Added June 2015).
- c. Be of high moral and professional character.

2. To be considered for election to Active Membership, a surgeon must:

- a. Submit a completed application for Active Membership with your \$25.00 application fee via email, mail or Fax; AND your current photo [JPG form] to the membership committee via email: srussell@sesprs.org;
- b. Provide to the membership committee documentation of certification by the American Board of Plastic Surgery.
- c. Provide a letter of recommendation from any sponsoring member of the SESPRS.

d. Attend one meeting of the SESPRS. That meeting can include the meeting at which the applicant is being considered for membership; or a meeting attended as a Candidate, Resident or Fellow.

3. The membership committee will review the application and supporting documentation of each eligible applicant and determine by majority vote the names of those to be recommended to the Board of the SESPRS. The Executive Committee will then, by majority vote, recommend to the membership those applicants to be considered for Active Membership. Finally, admission to Active Membership will require affirmative *approval of at least four-fifths or 10* percent of the entire membership, including Life and Active Members.

4. The Executive Committee of the SESPRS will consider membership at both the winter and spring meetings. Applicants approved by the Executive Committee during the winter meeting will be submitted for vote approval to the general membership electronically or by email shortly after the meeting. The applicants will then be notified of the membership decision. Applicants approved by the Executive Committee during the spring meeting will be voted on during the membership business meeting. The applicants will then be notified by mail *or in person (if in attendance at the meeting)* of the membership decision.

5. Upon payment of annual dues, the Active Member shall have all privileges of membership including the right to vote and to hold office, with the exception noted above in Section 1.bi & bii. *Please note that annual dues are due on or before December 31st of the previous year for the following year. SESPRS fiscal year is January to December.*

6. You **MUST** submit your photograph with this application. Please send your professional headshot in JPG form to Susan Russell at srussell@sesprs.org

For questions or additional information, please contact the SESPRS office at 435-901-2544 or srussell@sesprs.org

Personal Information

Date of Application: _____

Name of Applicant: First/Middle/Last/Suffix

Designation

Date of Birth

Place of Birth

Office/Practice Name

Web Site Address & Social Media Address(es)

Office Street Address

Office City, State and Zip Code

Office Phone Number

Office Email Address/Alternate Contact Email Address

Home Address

Home City, State and Zip Code

Personal Email Address

Personal Phone Number(s): Home/Mobile

Spouse Name

Optional-Additional Information (Children's names and ages)

Academic Degrees

College/s Dates Attended Degree

Medical School/s Dates Attended Degree

Other

Surgical and/or Medical Training

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

Surgical Residencies
Hospital/s Location/Type Dates

Name of Chief of Surgery of Primary Residency

Address

Plastic Surgery Residencies
Hospital/s Location Dates

Name of Chief of Plastic Surgery

Address

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

Name of Mentor of Fellowship

Address

Board Eligibility and/or Certification
Specialty Dates

Medical Licensure
State/s Dates

Hospital Staff Appointments
Hospital/s Location Dates

Medical Organization and Societies
Name/s

Honors, Awards, etc.

Publications and Scientific Presentation (use additional sheet if necessary)

Titles

Past Attendance at Southeastern Society Meetings
Location/s Dates

Sponsor Name and Address

Reference Name

Reference Address

Reference Email

Reference Name

Reference Address

Reference Email

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:

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.

Payment Information

Payment may be made by check or credit card with US funds drawn on a US bank. Submit your payment vial mail, e-mail or Fax. A payment confirmation will be sent to once it is processed. Contact SESPRS Staff at (435) 901-2544 or email Susan Russell at srussell@sesprs.org with any questions.

-Payment Amount: \$25.00*

-Payment Remittance Options – Please circle one
CHECK or CREDIT CARD

Credit Card Payment

Name as it appears on credit card

Card Number

Expiration Date AND Security Code

Signature

*Currently no portion of SESPRS membership fees are used for lobbying activities.