



Southeastern Society of Plastic and Reconstructive Surgeons

Application for Candidate 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 Candidate Membership should use this form.



Eligibility

Applicants for Candidate Membership MUST meet the following criteria:

- A resident physician or fellow in training in an ABPS approved plastic surgery training program in one of the following states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee or Virginia and Caribbean, OR
- A physician, having satisfactorily completed approved formal training as outlined by the American Board of Plastic Surgery, who is not yet board certified and is practicing in one of the member states/areas listed above, OR
- A physician, having completed a recognized plastic surgery training program, who is now in training in an advanced fellowship (i.e. hand, microsurgery, craniofacial, aesthetic, etc.) in one of the member states/areas mentioned above.

Application Requirements

- Determine your eligibility, based on the descriptions above.
- Submit a completed application form, with full contact information and electronic JPG photo; professional headshot preferred.
- Have your program director submit a letter of recommendation attesting to your good standing in the training program. Those who have completed training must submit a letter from your program director attesting to the satisfactory completion of that training.
- Submit the application and \$25.00 application fee and completed application via email, mail or Fax. Once membership is approved, individuals will be asked to pay the annual membership fee. *Please note that annual dues are due on or before December 31st of the previous year. Candidate members who have completed their training and are in active practice will pay the same membership fees as Active members.* Submit your application and photo (JPG form) to srussell@sesprs.org

OR mail your application to: SESPRS, 6300 Sagewood Drive, Suite H255, Park City, UT 84098 and email your photo (JPG form) to srussell@sesprs.org

OR Fax your completed application to: 435-487-2011 and email your photo (JPG form) to srussell@sesprs.org. For questions or additional information, please contact the SESPRS office at 435-901-2544 or Susan Russell at srussell@sesprs.org

Date of Application _____

Personal Information

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 & 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 is used for lobbying activities.