



EASTERN VASCULAR SOCIETY
500 Cummings Center, Suite 4550
Beverly, MA 01915
Tel. (978) 927-8330 - Fax (978) 524-0461

Name ----- Date of Birth -----
(last name) first name (middle name)

Office/Institution-----

(street and number)

----- Telephone () -----
(city, state and zip code)

Fax () ----- Email (Required)-----

Residence -----
----- Telephone () -----
(city, state, and zip code)

Medical School and Year of Graduation -----

Surgical Training -----
(internship) (dates)

(residency) (dates)

(training in vascular surgery) (dates)

Board Certification if applicable

American Board of Surgery ----- date -----

American Board of Thoracic Surgery ----- date -----

Other (FRCS, etc.) _____ date _____

Fellowship if applicable

American College of Surgeons _____ date _____

Other _____ date _____

Local or Regional Vascular Society Membership

_____ date _____

Other Professional Societies in which you hold membership

Current Hospital Appointments

Current Teaching Appointments

What percentage of your professional efforts are devoted to Vascular Surgery? _____%

If you have ever been dismissed from hospital staff, had operative privileges revoked, or state licensure rescinded, please attach an explanation on a separate sheet of paper.

Provide a brief narrative of your professional activities related to vascular medicine/radiology/surgery. Attach a separate sheet if necessary.

List of publications in vascular surgery (omit abstracts) and attach a separate sheet if necessary.

List any other information you would like the membership committee to consider (directorship of vascular laboratory, coordinator of vascular course, invited lecturer, etc. and attach a separate sheet if necessary.

If applicable, please include with your application a letter from your Program Director confirming your current status in an ACGME-accredited vascular training program.

By submitting this application, the applicant certifies that the above information is complete and correct. The applicant agrees to participate in the meetings of the society and abide by the Bylaws.

(signature) (date)

Action of the membership committee

Approved ----- date -----

Deferred ----- date -----

Dropped ----- date -----

Action of the executive council

Elected ----- date -----