Rhode Island Chapter of the American College of Surgeons

Providence Surgical Society

405 Promenade Street, Suite A
Providence, RI 02908

MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION AND RETURN TO THE SOCIETY'S OFFICE ADDRESS

1. NAME IN FULL _____ D.O.B._____

2. OFFICE ADDRESS _____

3. HOME ADDRESS _____

4. TELEPHONE: HOME _____ OFFICE_____

5. EMAIL_____

6. MEDICAL COLLEGE _____ YEAR OF GRADUATION_____

7. INTERNSHIP _____ SURGICAL RESIDENCY_____

8. FELLOWSHIP _____ YEARS_____

9. HOSPITAL AFFILIATION: PRIVILEGES YEARS

_____

_____

_____

10. ACADEMIC APPOINTMENTS:

_____

_____

11. SURGICAL SPECIALTY (IES)

_____

_____

12. AMERICAN SPECIALTY BOARD (S) YEARS

_____

_____

13. SOCIETY MEMBERSHIPS

_____

_____

_____

_____

14. LIST SPECIAL INTERESTS AND EXPERTISE

_____

_____

_____

_____

15. WOULD YOU BE INTERESTED IN PARTICIPATING IN A SPEAKERS BUREAU? YES_____ NO_____

IF YES, ON WHAT SUBJECTS? _____

16. ACS STATUS (circle): FELLOW ASSOCIATE FELLOW CANDIDATE GROUP

I AGREE TO BE GOVERNED BY THE CONSTITUTION AND BY-LAWS OF THE RI CHAPTER, AMERICAN COLLEGE OF SURGEONS/THE PROVIDENCE SURGICAL SOCIETY.

SIGNATURE_____ DATE_____