

# International Associate Application

**Pathway A** (Have completed an ASOPRS-accredited International Fellowship or are a member in good standing of an ASOPRS approved [Reciprocal Society](#))

**Pathway B** (Practice solely in a country other than the United States and completed a residency training program in Ophthalmology)



AMERICAN SOCIETY OF  
OPHTHALMIC PLASTIC &  
RECONSTRUCTIVE SURGERY  
OCULOFACIAL PLASTIC SURGERY®

## ASOPRS Membership Application - International Associate

Application deadlines are May 1 and September 1

See [Membership Guidelines](#) for more details

First Name	MI	Last	Suffix
Phonetic Spelling of Name		Gender	
Citizenship			
Preferred Mailing Address			
City	State	Zip	Country
Office Phone		Office Fax	
Cell Phone	Email	Birthday (MM/DD/YY)	

### PATHWAY A & B REQUIREMENTS

**Premedical Education (Institution)** \_\_\_\_\_

**Degree** \_\_\_\_\_ **Dates** \_\_\_\_\_

**Medical Education (Institution)** \_\_\_\_\_

**Degree** \_\_\_\_\_ **Dates** \_\_\_\_\_

**Internship** \_\_\_\_\_ **Dates** \_\_\_\_\_

Residency \_\_\_\_\_

Specialty \_\_\_\_\_ Dates \_\_\_\_\_

Fellowships and Post-Graduate Training \_\_\_\_\_

Type \_\_\_\_\_ Dates \_\_\_\_\_

List Fellowship Director(s) \_\_\_\_\_

Teaching Experience and/or University Affiliation \_\_\_\_\_

\_\_\_\_\_

Medical Society Memberships \_\_\_\_\_

**\*Attach Curriculum Vitae**

**\*References from two active ASOPRS members are required and may be sent directly to the Executive Office at [info@asoprs.org](mailto:info@asoprs.org). Hardcopy letters are not required.**

**Please list from whom the letters will be received:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**It is the applicant's responsibility to ensure the letters are sent to the Executive Office by the application deadline.**

**PATHWAY A REQUIREMENT** (not applicable to Pathway B applicants)

**\*Attach documentation of membership in a Reciprocal Society**

**PATHWAY B REQUIREMENTS** (not applicable to Pathway A applicants)

**Submission of a chronological list of surgical procedures.** On a separate sheet, list by type of case, number of cases performed, and out of the total cases done, on how many you were primary/assistant. (Surgical Log template available [online](#)). The template may be used as a guide in developing your list of surgical procedures; use of the template is not required.

**Operative Reports** (up to five copies of each applicable code). Up to five copies refers to a CPT code that you performed ten (10) surgeries under. In this case, you would submit five of the corresponding operative reports and not all ten (10).

The full application must be emailed to [info@asoprs.org](mailto:info@asoprs.org) and include:

### PATHWAY A

- Completed Application with Payment
- Curriculum Vitae
- Applicant Photo (jpg preferred)
- Documentation of completed ASOPRS-accredited International Fellowship or membership in a Reciprocal Society

### PATHWAY B

- Completed Application with Payment
- Curriculum Vitae
- Applicant Photo (jpg preferred)
- Copy of a valid/current Medical License
- Chronological list of surgical procedures performed over the preceding twelve (12) months with a copy of the operative reports (up to five copies per applicable code), and indication whether the applicant was the surgeon or an assistant. All documents must be in English.

*Please note: Incomplete membership applications will not be accepted or reviewed and review will be postponed until the next membership deadline.*

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## Application Fee: \$400.00 USD

**Payment Method:**  MasterCard  Visa  American Express  Check: Check # \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Credit Card Expiration Date (Month/Year):** \_\_\_\_/ \_\_\_\_