



THE SOUTHERN SURGICAL ASSOCIATION

Application for Fellowship

The qualifications which must be possessed by an applicant for Fellowship in the Association shall be: (a) good standing in his or her State Association; (b) experience covering not less than ten years of professional work, of which three must have been in the practice of surgery; (c) practice limited essentially to surgery or one of its specialties; (d) recommendation by three Fellows, two preferably from his or her own state, and (e) prior attendance at a Southern Surgical Association Annual Meeting.

Name Date of Birth Email

Office Address (include institution name).....

.....

Phone Name of Spouse

Home Address

Received the Degree of from Year

Received the Degree of M.D from Year

Fellow, American College of Surgeons Date Elected.....

Diplomate, American Board of Date Certified.....

HOSPITAL OR OTHER TRAINING

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OFFICIAL POSITIONS NOW HELD

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.....

Very respectfully yours,

..... Year of Attendance at SSA Annual Meeting

_____, M.D.
(Applicant Original Signature, please)

PLEASE ENCLOSE CURRICULUM VITAE AND BIBLIOGRAPHY.

To the Council of the Southern Surgical Association:

We, the undersigned, vouch for the character and standing of _____, M.D.
of _____ and recommend his or her election to Fellowship in the
Southern Surgical Association.

Date.....

PROPOSED BY THE FOLLOWING FELLOWS
OF THE SOUTHERN SURGICAL ASSOCIATION

A letter of recommendation from each proposer is required for the application to be complete.

.....
Name: Please print or type.

Signature

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Name: Please print or type.

Signature

.....
Name: Please print or type.

Signature

ACTION OF COUNCIL

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ACTION OF ASSOCIATION

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Southern Surgical Association New Member Application Process

1. In order for a candidate to be eligible for membership, he or she must have attended at least one meeting prior to being considered. The meeting(s) attended must be stated in the letter of nomination.
2. The completed application form, curriculum vitae, and supporting letters must be received by the Secretary **no later than July 1** of the year in which the candidate is seeking membership. Fellows are responsible for completion of the application and letters of recommendation from all three sponsors.
3. Questions should be directed to the office of Secretary B. Mark Evers, M.D., mark.evers@uky.edu or 859/323-6542.