



# ACTIVE MEMBERSHIP

For doctors with practices primarily in vascular surgery  
but who are not board certified in the specialty

**Eligibility**—Active membership may be granted to vascular surgeons residing in the United States or Canada who have demonstrated knowledge and skill in the diagnosis and management of vascular disorders by having a clinical practice dedicated primarily to vascular surgery, as demonstrated by case logs; contributions to vascular education and/or research; and participation in regional or local vascular societies.

If you meet this criteria, please complete the following information.

## IDENTIFYING INFORMATION

FIRST NAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
LAST NAME	<input type="text"/>
SUFFIX (e.g., MD)	<input type="text"/>

### BUSINESS ADDRESS

INSTITUTE	<input type="text"/>
ADDRESS 1	<input type="text"/>
ADDRESS 2	<input type="text"/>
CITY, STATE, ZIP	<input type="text"/>
BUSINESS PHONE	<input type="text"/>
BUSINESS FAX	<input type="text"/>
EMAIL	<input type="text"/>

### HOME ADDRESS

ADDRESS 1	<input type="text"/>
ADDRESS 2	<input type="text"/>
CITY, STATE, ZIP	<input type="text"/>
HOME PHONE	<input type="text"/>
EMAIL	<input type="text"/>

## CERTIFICATION

For surgeons whose clinical practice is dedicated primarily to vascular surgery, the Membership Committee will take into account the following factors:

- \*Contributions to vascular surgery education and research
- \*Membership in the American College of Surgeons
- \*Participation in regional or local vascular societies

Please provide the number for each certificate you hold:

AMERICAN BOARD OF SURGERY CERTIFICATE NUMBER

FELLOW ROYAL COLLEGE OF SURGEONS CERTIFICATE NUMBER

OTHER (e.g., RADIOLOGY, CARDIOTHORACIC) CERTIFICATE NUMBER

PLEASE INDICATE YOUR CERTIFICATION DATE (MM/YYYY) /

## PROFESSIONAL ACTIVITIES

Are you an active member of the American College of Surgeons? (ACS candidate members are not eligible.)  YES  NO

Are you an active member of a regional vascular society?  YES  NO

If yes, please list regional societies:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## HOSPITAL PRIVILEGES

HOSPITAL NAME

BEGIN DATE (MM/YYYY) / END DATE (MM/YYYY) /  
OR CURRENT

## CURRENT MEDICAL SCHOOL APPOINTMENTS

SCHOOL NAME

BEGIN DATE (MM/YYYY) / END DATE (MM/YYYY) /  
OR CURRENT

WHAT PERCENTAGE OF YOUR PRACTICE IS DEVOTED %  
TO THE TREATMENT OF VASCULAR DISEASE?

## SURGICAL/MEDICAL SOCIETY MEMBERSHIPS

Please list your membership in any surgical and medical societies:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## VASCULAR EXPERIENCE

BEGIN DATE (MM/YYYY) / END DATE (MM/YYYY) /  
OR CURRENT

## WORKSHEET: CASE LIST

A case list detailing your vascular experience is required. Please complete the following form for the past 6–12 months of your practice.

	Surgeon	Teaching Assistant	Assistant
<b>I</b>			
Carotid endarterectomy			
Cerebrovascular—great vessels			
Thoracoabdominal aneurysm			
Abdominal aortic aneurysm—elective			
Abdominal aortic aneurysm—ruptured			
Aortoiliac (femoral) bypass or endarterectomy			
Visceral/renal arterial reconstruction			
Extra-anatomical bypass			
Femoral popliteal (tibial) bypass—autogenous			
Femoral popliteal (tibial) bypass—prosthesis			
Common femoral or profunda repair			
Traumatic arterial (venous) repair			
<b>SUBTOTAL</b>			
<b>II</b>			
Diagnostic angiography			
Lower extremity angioplasty with/without stent			
Upper extremity angioplasty with/without stent			
Carotid angioplasty			
Stent graft (e.g., endoluminal graft for AAA)			
Thrombolysis			
Diagnostic venography			
Venous angioplasty			
Visceral angioplasty with/without stent			
<b>SUBTOTAL</b>			
<b>III</b>			
Embolectomy (thrombectomy)			
Vascular access			
Thoracic outlet			
IVC interruption			
Major venous operations			
Varicose veins			
Amputations—major			
Amputations—minor			
Sympathectomy			
<b>SUBTOTAL</b>			
<b>GRAND TOTAL</b>			
Other major vascular cases not listed above			

## LETTERS OF SUPPORT

Two letters from physicians are required, one of which must be from an active SVS member; no more than one can be from someone with whom you have a financial relationship. The letters must comment on your commitment to, and practice of, vascular surgery. Letters of support should be obtained from your sponsors and must be written on their institution's letterhead. The appropriate file formats are Word or PDF files. Letters of support must be attached to this application and emailed to [membership@vascularsociety.org](mailto:membership@vascularsociety.org).

A CV is also required

Supplemental documents include:

- \*Presentations
- \*Publications
- \*Research grants

SPONSOR 1 NAME

SPONSOR 2 NAME

## Section Memberships

*If desired, please check the box(es) next to the SVS Sections you wish to join.*

Section on Outpatient and Office Vascular Care

## APPLICATION PAYMENT

You will be invoiced the non-refundable \$100 application upon processing of your application. This invoice will be payable online with your credit card and you will receive a receipt when your payment has been processed.

## Statement of Authorization

I hereby apply for membership in the Society for Vascular Surgery, and certify that the statements contained in this application and its attached documents are true to the best of my knowledge and belief and further acknowledge that falsification is cause for disqualification of my application. I hereby grant permission to the Society to make inquiries it deems necessary of the hospitals where I practice to confirm these statements. I further understand and agree that in consideration of my application my ethical and professional standing will be reviewed and assessed by the Society, that the Society may make inquiry of the persons and institutions, including any medical organizations of which I am a member, named in my application and of such other persona as the Society deems appropriate. I understand I will not be advised of the identity of the persons from whom information has been requested or as to the nature of such information; and that all statements and other information furnished to the Society in connection with such inquiry shall be confidential. If my application is accepted, I pledge to abide by the Society's Bylaws, Code of Ethics and its policies and procedures. I hereby agree that if my application is not acted upon favorably, I will not hold the Society or any of its officers, members, or agents legally responsible for such action. The above representations are accurate and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***If you have any questions, please contact the SVS membership department at [membership@vascularsociety.org](mailto:membership@vascularsociety.org) or 800-258-7188. Please note that incomplete applications will not be processed.***