

**New England Society of Plastic and Reconstructive Surgeons, Inc.**

**Membership Application**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

\_\_\_\_\_

**Office Telephone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Appointment/Affiliation:** \_\_\_\_\_

**Name of Spouse (if any):** \_\_\_\_\_

Please check all items below that apply:

\_\_\_\_\_ I am certified by the American Board of Plastic Surgery.

\_\_\_\_\_ I am an Active Member of the American Society of Plastic Surgeons.

\_\_\_\_\_ I am a Candidate Member of the American Society of Plastic Surgeons.

**Please send the reference forms to two sponsors for your membership application.**

Sponsor 1 - (Plastic Surgery Program Director/Successor) -

\_\_\_\_\_

Sponsor 2 - (An Active or Senior Member of the NESPRS who knows

you/your practice) - \_\_\_\_\_

**Please send your Application and Curriculum Vitae to:**

Charlotte Constantian, NESPRS, 19 Tyler Street, Suite 302, Nashua, NH 03060

[Applications completed by April 15<sup>th</sup> each year will be submitted by the Membership Chair to the Executive Council/Active Members to be voted upon at the upcoming Annual Meeting.]

I here agree to comply with the Constitution and By-Laws of the New England Society of Plastic and Reconstructive Surgeons, Inc., and pay all dues and assessments promptly.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**New England Society of Plastic and Reconstructive Surgeons, Inc.**

**Membership Sponsor Letter**

Applicant Name: \_\_\_\_\_

- (1) How long have you known the applicant personally? \_\_\_\_\_ years
- (2) Do you feel qualified in commenting on the applicant's professional ability and surgical judgment? \_\_\_\_ Yes \_\_\_\_ No
- (3) Does the applicant have an established practice in plastic surgery?  
\_\_\_\_ Yes \_\_\_\_ No
- (4) Do you know of any past or pending adverse action taken which could restrict the applicant's medical license or any hospital privilege? \_\_\_\_ Yes \_\_\_\_ No
- (5) In your opinion, how are the applicant's professional ability and surgical judgment?  
\_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Satisfactory \_\_\_\_ Unsatisfactory \_\_\_\_ Unknown
- (6) In your opinion, how is the applicant's ethical standard?  
\_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Satisfactory \_\_\_\_ Unsatisfactory \_\_\_\_ Unknown
- (7) Do you recommend this applicant for membership in the New England Society of Plastic and Reconstructive Surgeons, Inc? \_\_\_\_ Yes \_\_\_\_ No

**Please provide your supporting comments. (Required)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Thank you for your assistance. Please send this sponsor letter by to:

Charlotte Constantian, NESPRS, 19 Tyler Street, Suite 302, Nashua, NH 03060

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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