New England Society of Plastic and Reconstructive Surgeons, Inc. <u>Associate Membership Application</u>

Name:		
Date of Bir	th:	
Office Add	ress:	
Office Tele	phone:	
Home Add	ress:	
Home Telep	phone:	
E-Mail Add	lress:	
Appointme	nt/Affiliation:	
Name of Sp	oouse (if any):	
Please send application Sponsor -		onsor for your membership N.E.S.P.R.S. who knows you/your work.]
	[SIGNATURE OF SPONSOR]	
Please send	your Application and Curri	culum Vitae to:
	lotte Constantian, NESPRS, Po caconstantian@gmail.com	O Box 273, Nashua, NH 03061-027
_	lastic and Reconstructive Surg	on and By-Laws of the New England geons, Inc., and pay all dues and
(Signature)		(Date)

New England Society of Plastic and Reconstructive Surgeons, Inc. <u>Associate Membership Sponsor Letter</u>

Appl	icant Name:		
(1)	How long have you known the applicant personally? years		
(2)	Do you feel qualified in commenting on the applicant's professional ability?		
	Yes No		
(3)	Is the applicant associated with a plastic surgery practice? Yes No		
(4)	Do you know of any past or pending adverse action taken which could restrict		
	the applicant's nurse practitioner license, physician assistant license, or any		
	hospital privilege? Yes No		
(5)	In your opinion, how are the applicant's professional ability?		
	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 Associate Membership in the New England		
Socie	ety of Plastic and Reconstructive Surgeons, Inc? Yes No		
Pleas	se provide your supporting comments. (Required)		
•	sor Name: Telephone:ee Address:		
(Sign	nature) (Date)		
Than	k you for your assistance. Please send this sponsor letter to:		

Charlotte Constantian, NESPRS, PO Box 273, Nashua, NH 03061-0273

or email to caconstantian@gmail.com