

New England Society of Plastic and Reconstructive Surgeons, Inc.

Active or Candidate Membership Application

Name: _____

Date of Birth: _____

Office Address: _____

Office Telephone: _____

Home Address: _____

Home Telephone: _____

E-Mail Address: _____

ASPS ID #: _____ **ACS ID #:** _____

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 attached form to your sponsor for your membership application.

Sponsor - (An Active or Senior Member of the NESPRS who knows you/your practice)

Please send your Application and Curriculum Vitae to:

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

or email to – caconstantian@gmail.com

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 annual meeting fees promptly.

(Signature)

(Date)

New England Society of Plastic and Reconstructive Surgeons, Inc.

Active or Candidate 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 to:

Charlotte Constantian, NESPRS, PO Box 273, Nashua, NH 03061-0273
or email to – caconstantian@gmail.com