



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 through certification in vascular surgery from the United States or Canada. Applicants for active membership must document their board certification status.

IDENTIFYING INFORMATION

Form fields for FIRST NAME, MIDDLE NAME, LAST NAME, and SUFFIX (e.g., MD)

BUSINESS ADDRESS

Form fields for BUSINESS ADDRESS: INSTITUTE, ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP, BUSINESS PHONE, BUSINESS FAX, EMAIL

HOME ADDRESS

Form fields for HOME ADDRESS: ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP, HOME PHONE, EMAIL

CERTIFICATION

Please check the appropriate certificate and include the certificate number. (At least one certificate number must be provided below.)

CERTIFICATE NUMBER [input field]

[checkbox] AMERICAN BOARD OF SURGERY IN VASCULAR SURGERY

[checkbox] ROYAL COLLEGE CERTIFICATE OF SPECIAL COMPETENCE IN VASCULAR SURGERY

VASCULAR SURGERY CERTIFICATION DATE (MM/YYYY) [input fields]

LETTERS OF SUPPORT

Two letters of support 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. Please submit at least one letter from a physician outside of your current institution or practice. 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.
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 persons 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 or 800-258-7188. Please note that incomplete applications will not be processed.