



THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY, INC.

Candidate for Membership Application

Name: _____ Credentials: _____

Office Address (including name of practice): _____

Date of Birth: _____ Citizenship: _____ Gender: Male Female

Office Phone: _____ Website(s): _____

Personal E-mail: _____ Cell Phone: _____

Staff Contact: _____ Staff E-mail: _____

Name(s) of All Other Plastic Surgeons Within Your Practice (if applicable): _____

Spouse Name: _____ Preferred Mailing Address: _____

Medical School, Plastic Surgery Residencies and/or Fellowships (including names of Institution, Location, Program Directors and Dates): _____

Date of Graduation from Plastic Surgery Residency or Fellowship Program: _____

U.S./CANADIAN:

Certification in plastic surgery by The American Board of Plastic Surgery or by The Royal College of Physicians and Surgeons of Canada: Date: _____ Certificate #: _____

Or, I am Board Admissible/Eligible, and the REQUIRED copy of my confirmation letter is attached.

Month and year of anticipated ABPS or RCPSC Certification: _____

INTERNATIONAL:

I am a member a national plastic surgery society acceptable to ASAPS, or International Society of Aesthetic Plastic Surgery (ISAPS) and the REQUIRED written verification of membership is attached.

STATEMENT OF ASAPS ACCREDITATION COMPLIANCE

Facility accreditation is a requirement for Candidates for Membership in the American Society for Aesthetic Plastic Surgery, Inc. According to *Article XIII: Accredited Surgical Facilities* of the ASAPS Bylaws, require facility accreditation for surgery performed under anesthesia, other than local anesthesia and/or minimal oral or intramuscular tranquilization.

A surgical facility that meets at least one of the following criteria: a) accredited by National or State recognized accrediting agencies/organizations; or b) certified to participate in the Medicare program under Title XVIII and/or licensed by the state where the facility is located. Compliance is a requirement of membership and each member shall annually sign and return to the Aesthetic Society a statement attesting to compliance. Upon request, compliance shall be waived for Active Members Serving in the military.

1. List the name and address of each facility where you have surgical privileges.
2. Check the box indicating how each facility meets the ASAPS Article XIII Bylaws requirement.
3. *If a state approved agency is selected, list the name of the agency below.

Facility Name and Address	AAAASF	AAAHC	JCAHO	CAAASF	Medicare	State Licensure	State Approved Agency*

*State Approved Agency (provide name & license number): _____

The surgical facility I practice in does not fall into one of the above categories because:

- It is a military facility
- It is outside the USA or Canada
- Other (please explain) _____
- I hereby certify that I am in compliance with the Article XIII of the ASAPS Bylaws

AGREEMENT & CONTACT RELEASE

I have read, understand and agree to comply with the Bylaws, Conflict of Interest Policy and the Code of Ethics of the American Society for Aesthetic Plastic Surgery, Inc. and further agree to pay all fees and assessments promptly. I understand that I am applying for the Candidate for Membership Program, which not a category of membership and does not automatically lead to Active Membership.

View the ASAPS Bylaws, Conflict of Interest Policy and Code of Ethics here:

<https://www.surgery.org/downloads/applicants/ASAPS-links.html>

I understand that by providing my address, phone number, fax number and/or e-mail address(s), I hereby authorize the American Society for Aesthetic Plastic Surgery (ASAPS), the Aesthetic Surgery Education & Research Foundation (ASERF) and their licensees to contact me via these methods, both now for the benefits of this program, then later for all membership, medical education and research purposes, whether or not such purposes are strictly not-for-profit or have commercial aspects.

Signature _____ Date _____

PAYMENT & GUIDELINES

CANDIDATE FOR MEMBERSHIP FEE SCHEDULE (IN USD)*: Year 1 is prorated based on your enrollment date. If you enroll September- December and it is not your first year out of your residency or fellowship training, you will also be invoiced for the fee for year 2. You will receive a renewal letter annually for the next calendar year. To remain current as a Candidate, all fees must be paid in full yearly by December 31. This will enable you to state that you are a "Candidate for Membership" on your website and marketing materials and maintain the additional benefits. While you are able to use this verbiage "Candidate for Membership" or "International Candidate for Membership", you may not use the ASAPS logo. This is a benefits program and not a form of membership, which is limited to 5 years.

U.S.AND CANADIAN

Year 1: \$450
Year 2: \$450
Year 3: \$549
Year 4: \$825
Year 5: \$1,098

INTERNATIONAL

Year 1: \$240
Year 2: \$240
Year 3: \$300
Year 4: \$370
Year 5: \$470

*Fees subject to change without notice

First year payment Check (payable to ASAPS) Visa MasterCard American Express

Name of Cardholder: _____

Credit Card Number: _____ Expiration Date: _____

Authorized Signature: _____ Billing Zip Code: _____

Please return your completed application to: membership@surgery.org

Marissa Simpson, Membership Manager: ✉ E-mail: Marissa@surgery.org

Kerry Moradkhani, Membership Coordinator: ✉ E-mail: Kerry@surgery.org

📍 11262 Monarch Street, Garden Grove, CA 92841 📞 (562)799-2356

APPLICANT SPONSOR RECOMMENDATION

Please provide this form to your sponsor for completion. Before submitting, please be sure that ALL information below is completed. Forms missing the requested information will be sent back to the applicant for completion before the application can be processed.

A sponsor must be an ASAPS Active/Life Member OR a Plastic Surgery Program Director (does not need to be ASAPS member). In addition, if your sponsor does not know you personally and professionally, they may not act as a sponsor. The sponsor is expected to be familiar with the recent training and/or current practice; references from surgeons who have had little or no contact with you in the last five years are not acceptable.

FOR SPONSORS USE ONLY

PLEASE INDICATE: ASAPS Member ASAPS Life Member Plastic Surgery Program Director

Sponsor Name: _____ Date: _____

Telephone _____ Signature _____

I HEREBY RECOMMEND:

Applicant's Name _____

The applicant listed on this form is applying to participate in the Candidate for Membership Program. This is a non-membership category. The Aesthetic Society requires that a recommendation letter be submitted for all applicants. In 100 words or less, please explain why this individual should be accepted to participate in the program. This information will be reviewed closely and will better inform our staff as to the abilities of the applicant.

Please return your completed Recommendation to Marissa Simpson, Membership Manager:

✉ E-mail: membership@surgery.org or marissa@surgery.org

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