

Application for Distinguished Fellow of the Society for Vascular Surgery™

Thank you for your interest in becoming a Distinguished Fellow of the Society for Vascular Surgery™. Please fill out the fill-able PDF form below and submit the application and all required materials electronically to Patricia Burton at pburton@vascularsociety.org.

A **complete** application includes:

- Completed Application Form [PDF]
 - Including: general information, a personal statement, list of publications, list of funding sources, list of other contributions
- Curriculum Vitae
- One Sponsor Letter of Support from a Distinguished Fellow of the Society for Vascular Surgery™
- Two Endorser Letters of Support from a Distinguished Fellow of the Society for Vascular Surgery™
- One copy of your best three publication reprints

Application for Distinguished Fellow of the Society for Vascular Surgery™

To the Awards and Distinctions Committee of the Society for Vascular Surgery:

I hereby apply for appointment as a Distinguished Fellow of the Society for Vascular Surgery™

Name _____ Age _____
(Please print) (Last Name) (First Name) (Middle Name)

Office _____

Telephone: _____ Fax: _____ Email: _____

Residence: _____

Date of Birth _____

The following Distinguished Fellows shall vouch for my character and standing:

SPONSORED BY:

Print Name

ENDORSED BY:

Print Name

Print Name

Letters of the sponsor and endorsers should highlight your accomplishments in the area(s) of your qualifications, which include one or more of the following: Scholarly Research Activities, Creative Professional Activities, Excellence in Teaching, and Service to Vascular Professional Community

To the Awards and Distinctions Committee of the Society for Vascular Surgery:

For Your Information, I Submit the Following Data Concerning my Medical Education and Surgical Experience:

1. **Premedical Education:**

_____ to Degree _____
(University or College)

_____ to Degree _____

2. **Medical Education:**

_____ to Degree _____

_____ Degree _____

3. **Postgraduate Training:**

_____ to Date _____
(Hospital)

_____ to Date _____

4. **General Vascular Surgery Fellowship:**

(A) _____
(Residence, Hospital, Dates and Positions in Hospital)

(B) _____
(School, Department, Dates, Capacity)

(Basic Science)

(C) _____
(Investigative Work During This Period)

5. **Hospital Associations and Appointments:**

(Past)

(Present)

6. Medical School Associations and Appointments:

(Past)

(Present)

7. Member of Following Medical and Surgical Societies:

8. Fellow American College of Surgeons or Royal College of Surgeons _____ Date Elected: _____

9. American Board of Surgery or Board of Allied Specialties:

(Name of Board)

(Date Certified)

10. American Board of Surgery, Certificate of Special Qualifications in General Vascular Surgery _____

(Date Certified)

Accepted for Examination _____

Date: _____

11. Personal Statement of the applicant indicating how you qualify in one or more of the following areas: Scholarly Research Activities, Creative Professional Activities, Excellence in Teaching, and Service to Vascular Professional Community. (Provide details and include a copy of your CV with this application)

12. List your 10 most major publications and annotate your role in the study and the significance of the study. (Please send 1 copy of your 3 best reprints with the application)

13. List your sources of funding and whether you are the principle investigator, if not indicate your role in the study.

14. If your contribution falls outside of the area of publication and research please define in detail these contributions and their significance to Vascular Surgery.