

Society for Vascular Surgery®  
**Application for Distinguished Fellowship**

To the Distinguished Fellows Council of the Society for Vascular Surgery:

I hereby apply for appointment as Distinguished Fellows Council of the Society for Vascular Surgery

Name \_\_\_\_\_ Age \_\_\_\_\_  
(Please print) (Last Name) (First Name) (Middle Name)

Office \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Residence: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

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To the Distinguished Fellows Council of the Society for Vascular Surgery:

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

**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

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FELLOWS COUNCIL RECORD – Date Application Received \_\_\_\_\_

Action of Council \_\_\_\_\_ Approved \_\_\_\_\_  
Deferred \_\_\_\_\_  
Dropped \_\_\_\_\_

Action of Society: Elected \_\_\_\_\_ Date \_\_\_\_\_ Deferred \_\_\_\_\_ Date \_\_\_\_\_  
Rejected \_\_\_\_\_ Date \_\_\_\_\_

Roster No. \_\_\_\_\_ Fellowship Certificate Issued \_\_\_\_\_ Date \_\_\_\_\_  
Secretary's Signature \_\_\_\_\_

To the Distinguished Fellows Council of the Society for Vascular Surgery:

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

1. **Premedical Education:**

_____	19 ____ to 19 ____	Degree _____
(University or College)		
_____	19 ____ to 19 ____	Degree _____

2. **Medical Education:**

_____	19 ____ to 19 ____	Degree _____
_____	19 ____ to 19 ____	Degree _____

3. **Postgraduate Training:**

_____	19 ____ to 19 ____	Date _____
(Hospital)		
_____	19 ____ to 19 ____	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.**

3/23/10