

**THE 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 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 \_\_\_\_\_

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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 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

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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)

(C) \_\_\_\_\_  
(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.**

**10/27/03**