

## **SVS General Surgery Resident Section Application**

### **Qualifications**

Graduate of medical schools in the U.S., Canada and internationally, with a current status as a resident enrolled in a training program focused on general surgery. (Residents in 0+5 and 3&3 vascular surgery integrated residency programs are eligible to become SVS candidate members.)

### **Requirements**

SVS General Surgery Resident Section members are charged a \$25 one-time payment for the duration of their general surgery residency.

### **Application Process**

Accepted on a rolling basis.

### **Benefits and Privileges**

The Section will serve as a platform for general surgery residents to gain access to valuable vascular surgery career resources and promote a network of similarly interested residents.

- General Surgery Resident Section Members will receive various SVS e-communications, the *SVS Pulse*, the Resident e-newsletter: *On the Cutting Edge*, access to the online edition of *Vascular Specialist*, and monthly Podcasts on vascular surgery topics.
- General Surgery Resident Section Members are eligible for Vascular Annual Meeting scholarships, provided they are nominated by a Society member.
- General Surgery Resident Section Members will have the opportunity to build a community of similarly interested residents through a dedicated area on VascularWeb.org.
- General Surgery Resident Section Members will be given discounts on books and products sold on VascularWeb.org.
- General Surgery Resident Section Members will have the opportunity to participate in an online mentor matching program.

**INFORMATION (Please type or print)**

**Provide Permanent Address Below**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Gender** **Female** **Male**

**MEDICAL EDUCATION**

**Institution** \_\_\_\_\_

**Location** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Graduation/Anticipated Graduation Date** \_\_\_\_\_

**RESIDENCY TRAINING** (*current location*)

**Institution** \_\_\_\_\_

**Location** \_\_\_\_\_ **Current Residency Year** \_\_\_\_\_

**Start of Residency** \_\_\_\_\_ **Anticipated Completion of Residency** \_\_\_\_\_

**PAYMENT**

**Authorized Amount: \$25 (U.S.)**

**Check** (*made payable in U.S. currency to Society for Vascular Surgery*)

**OR** **VISA** **MasterCard** **AMEX**

\_\_\_\_\_ **cc/number** **expiration date** \_\_\_\_ / \_\_\_\_

**REMIT CHECKS TO:**

**Society for Vascular Surgery**

**38678 Eagle Way**

**Chicago, IL 60678-1386**

I hereby submit my application for the General Surgery Resident Section of the Society for Vascular Surgery and certify all information recorded on this application is accurate.

By clicking this box I authorize all charges on this form.

By typing your name here this will be considered a digital signature.

**Signature**

**Date**

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