

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.

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.

Signature _____ Date _____

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

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

OR

VISA, MasterCard, or AMEX accepted as payment.

-- cc/number

- expiration date _____ Signature _____

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

REMIT CHECKS TO:

Society for Vascular Surgery
38678 Eagle Way
Chicago, IL 60678-1386

For more information, contact 800-258-7188 or email studentresident@vascularsociety.org