

## **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 Pod casts 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.

*The SVS Resident and Student Recruitment campaign is supported by a grant from  
W.L. Gore & Associates, Inc.*

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 \_\_\_\_\_

Residency Type \_\_\_\_\_ Residency Year \_\_\_\_\_

**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 [communications@vascularsociety.org](mailto:communications@vascularsociety.org)