



THE SOUTHERN SURGICAL ASSOCIATION

Application for Fellowship

The qualifications which must be possessed by an applicant for Fellowship in the Association shall be: (a) good standing in his or her State Association; (b) experience covering not less than ten years of professional work, of which three must have been in the practice of surgery; (c) practice limited essentially to surgery or one of its specialties; (d) recommendation by three Fellows, two preferably from his or her own state, and (e) prior attendance at a Southern Surgical Association Annual Meeting.

Name Date of Birth..... Email.....

Office Address (include institution name).....

.....

Phone Name of Spouse

Home Address

Received the Degree of from..... Year.....

Received the Degree of M.D from Year.....

Fellow, American College of Surgeons Date Elected.....

Diplomate, American Board of Date Certified.....

HOSPITAL OR OTHER TRAINING

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OFFICIAL POSITIONS NOW HELD

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.....

Very respectfully yours,

..... Year of Attendance at SSA Annual Meeting

_____, M.D.
(Original Signature of Applicant, please)

To the Council of the Southern Surgical Association:

We, the undersigned, vouch for the character and standing of, M.D.

of and recommend his or her election to Fellowship in the Southern Surgical Association.

Date.....

PROPOSED BY THE FOLLOWING FELLOWS
OF THE SOUTHERN SURGICAL ASSOCIATION

A letter of recommendation from each proposer is required for the application to be complete.

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Name: Please print or type.

Signature

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Name: Please print or type.

Signature

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Name: Please print or type.

Signature

ACTION OF COUNCIL

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ACTION OF ASSOCIATION

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DEADLINE: July 1st. Mail completed application package to: Kelly M. McMasters, M.D. | Secretary, Southern Surgical Association | University of Louisville | 550 So. Jackson ST | Ambulatory Care Building Floor 2 | Department of Surgery | Louisville, KY 40202. Please direct questions to 502/852-5447 or pjschm01@louisville.edu.