



SOUTHERN THORACIC SURGICAL ASSOCIATION

APPLICATION FOR CANDIDATE MEMBERSHIP

(Please complete both sides)

GENERAL

NAME: _____
LAST FIRST MI DEGREE

DATE OF BIRTH: _____ GENDER: M F

CURRENT ACADEMIC AFFILIATION AND TITLE: _____

OFFICE ADDRESS: _____

CITY STATE ZIP/POSTAL CODE

PHONE: _____ FAX: _____ E-MAIL _____

HOME ADDRESS: _____

CITY STATE ZIP/POSTAL CODE

PREFERRED MAILING ADDRESS: OFFICE ADDRESS HOME ADDRESS

EDUCATION

INSTITUTION GRANTING MEDICAL DEGREE: _____ YEAR: _____

SITE OF RESIDENT TRAINING IN THORACIC SURGERY: _____

ANTICIPATED DATE OF COMPLETING THORACIC SURGERY RESIDENCY: _____

NAME OF PROGRAM DIRECTOR: _____

PROGRAM DIRECTOR E-MAIL ADDRESS: _____

(Note, your Program Director must sign the verification section of this form on page two.)

ADDITIONAL APPLICANT INFORMATION

State(s), province(s), or country(ies) in which licensed/certified to practice medicine:

License/Certification Number(s): _____ Date(s) Issued: _____

PROGRAM DIRECTOR VERIFICATION

(Please have your Program Director complete this section.)

I, _____, confirm that the applicant (a) is a resident in good standing in the Thoracic Surgery residency program for which I am Program Director, or (b) has matched into such a program, or (c) has completed a Thoracic Surgery residency program for which I was Program Director and is now in the process of acquiring certification in thoracic surgery. (S)he is ethically and morally fit for STSA Candidate Membership.

Signature: _____

Residency Program Institution: _____

Date: _____

BASIC REQUIREMENTS FOR STSA CANDIDATE MEMBERSHIP

An applicant for STSA Candidate Membership must at the time of acceptance be matched or enrolled in a thoracic surgery educational program accredited by the Residency Review Committee for Thoracic Surgery under the authority of the Accreditation Council for Graduate Medical Education in one of the following states or regions: Alabama; Arkansas; Florida; Georgia; Kentucky; Louisiana; Maryland; Mississippi; Missouri; North Carolina; Oklahoma; South Carolina; Tennessee; Texas; Virginia; West Virginia; District of Columbia; the U.S. territories and commonwealths in the Caribbean. Individuals who have completed their education in one of the above programs and are in the process of acquiring certification in thoracic surgery by the American Board of Thoracic Surgery are eligible to apply for Resident Membership.

Candidate Members may retain membership up to three years following the completion of their thoracic surgery training. Candidate members who have been certified in thoracic surgery by the American Board of Thoracic Surgery may, upon written request to the Association and with approval of the Membership Committee and the Council, transition directly, with no initiation fee applied, to Active Membership. If no such official request is forthcoming, Candidate Membership will be terminated and reinstatement will be dependent upon a formal application for Active Membership, with its associated requirements, including initiation fee and approval by the full membership.

Annual membership dues are \$50, to be billed after membership application is accepted.

INSTRUCTIONS TO APPLICANTS

1. Review the requirements for membership and complete this application.
2. Have your Program Director read the completed application, review the requirements, and sign the Program Director Verification portion of the application.
3. Mail or e-mail the completed application and a current version of your CV to the address below.
4. The deadline for consideration of any application is September 15. Applications received after September 15 will be deferred to the following year's committee.

Dr. Edward Savage, Membership Committee Chair
Southern Thoracic Surgical Association
633 N. Saint Clair St., Suite 2100
Chicago, IL 60611-3658
(312) 202-5892 Fax: (773) 289-0871
E-mail: stsa@stsa.org

Contact STSA Headquarters with questions at (312) 202-5892 or stsa@stsa.org.

Learn more about STSA Candidate Membership at www.stsa.org/membership.