



# SOUTHERN THORACIC SURGICAL ASSOCIATION

## APPLICATION FOR ACTIVE MEMBERSHIP

### 1 GENERAL INFORMATION

Full name [Include degree(s)] \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Office Address \_\_\_\_\_

Birthdate \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthplace \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

### 2 EDUCATION, TRAINING AND APPOINTMENTS

	Name	Location	Number of Months	Grad/Completion Year
Medical School				
Internship				
General Surgery Residency				
Thoracic Surgery Research Fellowships				
Thoracic Surgery Residency				
Additional Fellowships				
Current Hospital or Institutional Appointments	Name	Location	Position	Number of Months/Years

American Board of Thoracic Surgery \_\_\_\_\_

Certificate Number \_\_\_\_\_

Year \_\_\_\_\_

### 3 CURRENT PRACTICE

Percentage of Current Practice: \_\_\_\_\_ General Surgery \_\_\_\_\_ Thoracic Surgery \_\_\_\_\_ Broncho-Esophagology

\_\_\_\_\_ Cardiac Surgery \_\_\_\_\_ Vascular Surgery \_\_\_\_\_ Other

### 4 MEMBER SPONSORS (2 REQUIRED)

Sponsor 1: \_\_\_\_\_ Letter of Recommendation \_\_\_\_\_ Enclosed \_\_\_\_\_ Pending  
Name

Sponsor 2: \_\_\_\_\_ Letter of Recommendation \_\_\_\_\_ Enclosed \_\_\_\_\_ Pending  
Name

\*Please see page two for information about membership eligibility and additional instructions.

## **BASIC REQUIREMENTS FOR MEMBERSHIP**

1. Membership in the Southern Thoracic Surgical Association shall be limited to thoracic surgeons practicing or having previously practiced in the southern regions of the United States of America or who have completed a thoracic or general surgery residency training program in the STSA region.

Applicants for active membership must at the time of acceptance reside, or have previously practiced cardiothoracic surgery for at least one year, or have completed a thoracic or general surgery residency training program, or have completed a thoracic or cardiovascular research or clinical fellowship for at least twelve consecutive months 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, the District of Columbia, or the US territories and commonwealths in the Caribbean. Such residence must be current at the time of acceptance during the annual meeting of the Southern Thoracic Surgical Association.

Applicants who meet the practice requirement above but whose training has been in countries other than the United States of America and who are certified as proficient in thoracic and cardiovascular surgery by appropriate authorities in their home country may apply.

2. Applicants must be certified by the American Board of Thoracic Surgery. Equivalent foreign training and certification may be acceptable following review by the Membership Committee and Council.
3. At least 75 percent of the applicant's practice must be devoted to the field of thoracic and cardiovascular surgery which may include research and peripheral vascular surgery. Applicants for whom thoracic and cardiovascular surgery comprises less than 75 percent of their practice may be required to submit a list of all cases performed for the previous two years.
4. Active status will not become effective, nor certificate of membership presented, until the applicant attends one of the next four annual meetings following initial election to the membership. Failure to comply with this procedure will require reapplication for membership.

## **INSTRUCTIONS TO APPLICANTS**

1. Review the requirements for membership and complete the application.
2. Provide a current copy of your Curriculum Vitae and bibliography.
3. Have two members of the Southern Thoracic Surgical Association (sponsors) read the completed application, review the requirements, and submit a letter of recommendation. Only one sponsor may be a partner or associate of the applicant.
4. Mail or E-mail the completed application (with letters of recommendation if they have been supplied to you) to the address below.
5. The deadline for consideration of any application is September 1. Applications received after September 1 will be deferred to the following year's committee.
6. Sponsors should be familiar with the applicant's current practice.

## **INSTRUCTIONS TO SPONSORS**

1. Review the requirements for membership with the applicant.
2. If you believe the applicant fulfills the basic requirements and would be a desirable member, send a letter of recommendation. This letter may be mailed or e-mailed to the address below or accompany the application. Include any reservations that you may have concerning the applicant's fulfillment of the basic requirements. If you have a limited or inadequate knowledge of the applicant's current practice, please also indicate the extent of this knowledge.

Dr. James J. Gangemi, Membership Committee Chair  
Southern Thoracic Surgical Association  
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(312) 202-5892 Fax: (773) 289-0871  
E-mail: [stsa@stsa.org](mailto:stsa@stsa.org)

**Contact STSA Headquarters with questions at (312) 202-5892 or [stsa@stsa.org](mailto:stsa@stsa.org).**