



The North Carolina Society of Plastic Surgeons invites you to apply for membership. NCSPS membership benefits each physician by providing discounted meeting registration, committee volunteer opportunities and potential abstract acceptance and speaker opportunities at our annual meeting.

Currently NCSPS offers Candidate and Active Membership. Candidate membership will be a one- year term before moving into the Active membership status, with proof of board certification. Applications are considered at the NCSPS annual meeting each year.

ACTIVE MEMBERSHIP ELIGIBILITY:

Applicants applying for Active membership MUST meet the following criteria:

- Certified by the American Board of Plastic Surgery
- Actively engaged in the practice of plastic surgery in the state of North Carolina
- Of high moral and professional character

CANDIDATE MEMBERSHIP ELIGIBILITY:

Applicants applying for Candidate membership MUST meet the following criteria:

- Are Board eligible by the American Board of Plastic Surgery
- Actively engaged in the practice of plastic surgery in the state of North Carolina
- Of high moral and professional character
- Attendance at an Annual NCSPS meeting. May be the year of application.

APPLICATION REQUIREMENTS:

- Determine your eligibility based on the description above
- Submit a completed application form
- Submit a current photo - electronic jpeg or png preferred
- Provide proof of ABPS certification (Active Only)
- Provide the name of your sponsoring member of NCSPS.

Application for Membership

Complete the application form and e-mail or mail to the address below:

North Carolina Society of Plastic Surgeons

ATTN: Susan Russell, Executive Director

6300 Sagewood Drive, Suite H255

Park City, UT 84098

Phone: 435-200-8272 E-Mail: srussell@hdplanit.com

I AM APPLYING FOR _____ ACTIVE MEMBERSHIP _____ CANDIDATE MEMBERHSIP

NAME: _____

PROFESSIONAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MARITAL STATUS: _____ SPOUSE NAME: _____

OFFICE PHONE: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____

BIRTHPLACE: _____

BOARD CERTIFIED: ABPS _____ DATE CERTIFIED: _____

LIST OTHER CERTIFICATIONS: _____

NCSPS MEMBER SPONSOR: _____

HOSPITAL AFFILIATION(S): _____

MEMBERSHIP ORGANIZATIONS:

_____ POSITION HELD: _____
_____ POSITION HELD: _____
_____ POSITION HELD: _____

ACADEMIC DEGREES:

_____ YEAR: _____
_____ YEAR: _____
_____ YEAR: _____

INTERNSHIP: _____

RESIDENCY (GENERAL OR OTHER): _____

CHIEF OF SERVICE: _____

RESIDENCY (PLASTICS): _____

CHIEF OF SERVICE: _____

FELLOWSHIP(S) (HAND, HEAD, NECK, BREAST, AESTHETICS) _____

STATE(S) OF MEDICAL LICENSE: _____

LICENSE NUMBER(S): _____

DATE OF THIS APPLICATION: _____

PLEASE ATTACH A CURRENT CV WITH SUBMISSION OF THIS APPLICATION