



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
- Submit a current CV or Biosketch

## ***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](mailto:srussell@hdplanit.com)

**I AM APPLYING FOR**

**ACTIVE MEMBERSHIP**

**CANDIDATE MEMBERSHIP**

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: \_\_\_\_\_