## Application for Distinguished Fellow of the Society for Vascular Surgery<sup>™</sup>

Thank you for your interest in becoming a Distinguished Fellow of the Society for Vascular Surgery<sup>™</sup>. Please fill out the fill-able PDF form below and submit the application and all required materials electronically to Patricia Burton at <u>pburton@vascularsociety.org</u>.

A **complete** application includes:

- Completed Application Form [PDF]
  - Including: general information, a personal statement, list of publications, list of funding sources, list of other contributions
- Curriculum Vitae
- <u>One</u> Sponsor Letter of Support from a Distinguished Fellow of the Society for Vascular Surgery<sup>TM</sup>
- <u>Two</u> Endorser Letters of Support from a Distinguished Fellow of the Society for Vascular Surgery<sup>TM</sup>
- One copy of your best <u>three</u> publication reprints

## **Application for Distinguished Fellow of** the Society for Vascular Surgery TM

To the Awards and Distinctions Committee of the Society for Vascular Surgery:

I hereby apply for appointment as a Distinguished Fellow of the Society for Vascular Surgery™

Name				Age	
	(Please print) (Last Name)	(First Name)	(Middle Name)	5	
Office					
	Telephone:	Fax:		Email:	
Reside	-				
Date o	f Birth				
The fo	llowing Distinguished Fellows s	hall vouch for my character	and standing.		

The following Distinguished Fellows shall vouch for my character and standing:

SPONSORED BY:	
	Print Name
ENDORSED BY:	Print Name
	Print Name

Letters of the sponsor and endorsers should highlight your accomplishments in the area(s) of your qualifications, which include one or more of the following: Scholarly Research Activities, Creative Professional Activities, Excellence in Teaching, and Service to Vascular Professional Community

To the Awards and Distinctions Committee of the Society for Vascular Surgery:

For Your Information, I Submit the Following Data Concerning my Medical Education and Surgical Experience:

1.	Premedical Education:		
		to	Degree
	(University or College)		5
		_ to	Degree
2.	Medical Education:		
		to	Degree
			Degree
3.	Postgraduate Training:		
		to	Date
	(Hospital)		
		to	Date
4.	General Vascular Surgery Fellowship:		
( <b>A</b> )			
(11)	(Residence, Hospital, Dates and Pos	sitions in Hospital)	
<b>(B)</b>	(School, Department, Dates, Capaci	ity)	
	(Ochool, Department, Dates, Capaci	(j)	
	(Basic Science)		
(C)			
	(Investigative Work During This Pe	eriod)	
5.	Hospital Associations and Appointments:		
	F		
	(Past)		
	(Present)		

6. Medical School Associations and Appointments:

	(Past)		
	(Present)		
. Member of Following Medi	cal and Surgical Societies:		
. Fellow American College of	Surgeons or Royal College of Surgeons	Date H	Elected:
. American Board of Surgery	or Board of Allied Specialties:		
	(Name of Board)	-	(Date Certified)
0. American Board of Surgery	r, Certificate of Special Qualifications in General Vasc	ular Surgery	(Date Certified)
Accepted for Examination		_ Date:	

11. Personal Statement of the applicant indicating how you qualify in one or more of the following areas: Scholarly Research Activities, Creative Professional Activities, Excellence in Teaching, and Service to Vascular Professional Community. (Provide details and include a copy of your CV with this application)

12. List your 10 most major publications and annotate your role in the study and the significance of the study. (Please send 1 copy of your 3 best reprints with the application)

13. List your sources of funding and whether you are the principle investigator, if not indicate your role in the study.

14. If your contribution falls outside of the area of publication and research please define in detail these contributions and their significance to Vascular Surgery.

15. Provide a list of your volunteer service to the SVS, including roles such as chair, member, presenter, editor, with dates if not inlcuded on your CV. (Volunteer service to the SVS Foundation and PSO should also be included).