SVS | Society for Vascular Surgery

INTERNATIONAL SCHOLARS PROGRAM

Application must be completed in English. Fields with an asterisk* are required.

CHECK LIST Do you meet all the criteria for application?

☐ ARE YOU UNDER 40 YEARS OLD? ☐ HAVE YOU COMPLETED ALL OF YOUR TRAINING AT LEAST 2 YEARS AGO?

☐ IS YOUR MAJOR FIELD OF PRACTICE VASCULAR SURGERY (>65%)

*FIRST NAME | *MIDDLE NAME

*LAST NAME

*ADDRESS 1

*ADDRESS 2

*CITY | STATE/ PROVINCE

*POSTAL CODE | *COUNTRY

*PHONE | FAX

*EMAIL

PLACE OF BIRTH | *CITIZENSHIP

*GENDER ☐ MALE ☐ FEMALE

Have you previously applied for the international scholars program? ☐ YES ☐ NO

LICENSURE

Please indicate information about your license to practice surgery. Enter at least one.

STATE, PROVINCE, OR COUNTRY

LICENSE TYPE ☐ FULL ☐ RESTRICTED

DATE ORGINALLY ISSUED /

AREA OF PRACTICE

Indicate your specialties along with the amount of time you dedicate to each area listed. Enter at least one.

SPECIALTY | PERCENTAGE OF TIME IN SPECIALTY %

SPECIALTY | PERCENTAGE OF TIME IN SPECIALTY %

ACADEMIC APPOINTMENTS

Where do you teach and hold an academic appointment? Enter at least one.

PRESENT

NAME OF MEDICAL SCHOOL

FACULTY POSITION AND DEPARTMENT

BEGIN DATE (MM/YYYY) /

PREVIOUS

NAME OF MEDICAL SCHOOL

FACULTY POSITION AND DEPARTMENT

BEGIN DATE (MM/YYYY) / | END DATE (MM/YYYY) /

CERTIFICATION BY SPECIALTY BOARDS

Enter at least one or indicate not applicable.

NAME OF SPECIALTY BOARD

DATE OF CERTIFICATION /

NAME OF SPECIALTY BOARD

DATE OF CERTIFICATION /

OTHER COLLEGE FELLOWSHIP OR CERTIFICATION (e.g., Royal College of Surgeons)

NAME

NAME

MEDICAL SCHOOL

*From what medical school did you graduate?

NAME OF MEDICAL SCHOOL

LOCATION

DEGREE

GRADUATION DATE /

BEGIN DATE (MM/YYYY) /

END DATE (MM/YYYY) /

POST-MEDICAL SCHOOL TRAINING

Enter at least one.

NAME OF INSTITUTION

LOCATION

SPECIALTY

COMPLETION DATE /

NAME OF INSTITUTION

LOCATION

SPECIALTY

COMPLETION DAT /

LETTERS OF RECOMMENDATION

Applicants are required to submit only 3 letters of recommendation. One letter of recommendation must be from the chair of the department in which they hold an academic appointment or a member of the Society for Vascular Surgery who resides in the applicant's country. The Chair's or the member's letter must include a specific statement detailing the nature and extent of the teaching and other academic involvement of the applicant.

1. The person writing the letter of recommendation for the applicant must include the following in their letter:
2. How long they have personally known the applicant
3. What is their relationship with the applicant
4. What are the applicant's strengths and make them good candidate for the award
5. How will this award help the applicant in their vascular practice
6. Statement of applicant integrity

PERSONAL STATEMENT— Describe your interest and accomplishments in vascular surgery and how the fellowship will help you in your care of vascular patients. (LIMIT 300 WORDS)

QUESTIONS?

Please contact **Emily Milkes** at **312-334-2313** or **membership@vascularsociety.org** if you have questions.