



# The American Society of Colon and Rectal Surgeons

One Parkview Plaza, Suite 800  
Oakbrook Terrace, IL 60181  
Phone: (847) 686-2236  
Website: [www.fascrs.org](http://www.fascrs.org)

## ALLIED HEALTH PROFESSIONAL APPLICATION

Please type or print clearly. (An incomplete application will delay activation of membership.)

### APPLICANT INFORMATION

NAME, FIRST	MIDDLE	LAST	MD DEGREES	DO	PHD
OTHER DEGREES (SPECIFY)		DATE OF BIRTH	MALE FEMALE GENDER		
SPOUSE'S NAME, FIRST	MIDDLE	LAST			
PREFERRED MAILING/BILLING ADDRESS (Please choose only one)		PRIMARY OFFICE	SECONDARY OFFICE	HOME	

### PRIMARY OFFICE INFORMATION

COMPANY NAME			
ADDRESS 1			
ADDRESS 2			
ADDRESS 3			
CITY	STATE	ZIP	COUNTRY
OFFICE PHONE		OFFICE EMAIL	
OFFICE FAX		WEBSITE	

### SECONDARY OFFICE INFORMATION

COMPANY NAME			
ADDRESS 1			
ADDRESS 2			
ADDRESS 3			
CITY	STATE	ZIP	COUNTRY
OFFICE PHONE		OFFICE EMAIL	
OFFICE FAX		SECONDARY WEBSITE	

## HOME ADDRESS INFORMATION

ADDRESS 1

ADDRESS 2

ADDRESS 3

CITY STATE ZIP COUNTRY

HOME PHONE CELL PHONE HOME EMAIL

## COMMUNICATIONS

Please review the communication options carefully. You will receive all ASCRS communications unless you specifically choose one or more of the following opt out preferences. If you have additional questions or concerns, please contact Membership Services for clarification.

ASCRS publishes your home address information in the member directory.

If you prefer to opt out of listing your home information in the member directory, please check this box.

ASCRS publishes your primary office and secondary office information in the member directory.

If you prefer to opt out of having your office information in the member directory, please check this box.

ASCRS publishes your spouse's name in the member directory.

If you prefer to opt out of having your spouse's name in the member directory – both online and the printed copy – please check this box.

## EDUCATION AND TRAINING

Please list all degrees that you have completed and those that you are pursuing.

DEGREE 1 UNIVERSITY/INSTITUTION FROM TO

DEGREE 2 UNIVERSITY/INSTITUTION FROM TO

## DISCIPLINARY ACTIONS

1) HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION BY A LOCAL OR STATE MEDICAL SOCIETY OR MEDICAL LICENSURE BODY IN THE PAST TEN YEARS?

YES NO (If yes, please provide an explanation in an accompanying letter.)

## FOR CONSIDERATION

APPLICANTS MUST BE A LICENSED REGISTERED NURSE OR PHYSICIAN'S ASSISTANT WITH AN INTEREST IN COLON AND RECTAL SURGERY. THE FOLLOWING ITEMS MUST BE SUBMITTED FOR THE ASCRS TO PROCESS YOUR ALLIED HEALTH PROFESSIONAL APPLICATION:

- \$50 Allied Health Professional Fee.
- Letter of Recommendation from an Active Member or Fellow of the Society.

## APPLICANT VERIFICATION

I HEREBY CERTIFY THAT I HAVE READ AND WILL ABIDE BY THE PRECEPTS OF THE SOCIETY'S BYLAWS; AND THAT ALL INFORMATION RECORDED ON THE APPLICATION AND ANY ATTACHED DOCUMENTS IS ACCURATE AND SUPPORTS MY QUALIFICATIONS FOR ALLIED HEALTH PROFESSIONAL MEMBERSHIP IN ASCRS.

BY JOINING ASCRS, YOU AGREE TO RECEIVE COMMUNICATION VIA MAIL AND EMAIL ABOUT THE FOLLOWING: ANNUAL MEETINGS; EDUCATIONAL OPPORTUNITIES, SUCH AS WEBINARS, CARSEP AND CREST MODULES; MEMBER WEBSITE FEATURES, SUCH AS THE RESOURCE LIBRARY, CLINICAL PRACTICE GUIDELINES, FIND A SURGEON AND MENTOR MATCH; ASCRS NEWSLETTERS AND UPDATES; AND GENERAL CORRESPONDENCE AND SPECIFIC EMAILS ON MATTERS OF IMPORTANCE TO THE ASCRS COMMUNITY.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## PAYMENT METHOD AND INFORMATION

**CHECK:** To pay by check submit this completed application to ASCRS with the \$50 application fee and all required documentation requested under the For Consideration section. Please make checks payable to the American Society of Colon and Rectal Surgeons.

**CREDIT CARD:** To pay by credit card, please submit this completed application to ASCRS with all required documentation requested under the For Consideration section. Indicate an individual who can be contacted to provide your payment information.

Contact Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

MAIL	PHONE	
ASCRS MEMBERSHIP DEPARTMENT One Parkview Plaza, Suite 800 Oakbrook Terrace, IL 60181	(847) 686-2236	For questions please contact: ASCRS at membership@fascrs.org