The American Society of
Colon and Rectal Surgeons

85 W. Algonquin Rd., Suite 550
Arlington Heights, IL 60005
Phone: (847) 290-9184
Fax (847) 427-9656
Website: www.fascrs.org

FELLOW APPLICATION

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

APPLICANT INFORMATION

NAME, FIRST | MIDDLE | LAST | ☐ MD ☐ DO ☐ PHD DEGREES

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 occasionally provides member addresses only to vendors who provide products and services to surgeons. If you prefer to opt out of these lists, please check this box.
- ☐ 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.
- ☐ ASCRS member office information is included in the Find a Surgeon search on the ASCRS website for patients and physicians unless a member requests to be excluded by checking this box.

EDUCATION

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

DEGREE 1	UNDERGRADUATE UNIVERSITY/INSTITUTION	FROM	TO
DEGREE 2	UNDERGRADUATE UNIVERSITY/INSTITUTION	FROM	TO
DEGREE 3	MEDICAL SCHOOL	FROM	TO
DEGREE 4	MEDICAL SCHOOL	FROM	TO

TRAINING PROGRAMS

Please list all that apply.

INTERNSHIP	SPECIALTY	FROM	TO
RESIDENCY 1	SPECIALTY	FROM	TO
RESIDENCY 2	SPECIALTY	FROM	TO
RESIDENCY 3	SPECIALTY	FROM	TO
COLON & RECTAL FELLOWSHIP	SPECIALTY	FROM	TO
ADDITIONAL FELLOWSHIP	SPECIALTY	FROM	TO

CERTIFICATIONS

ABS CERTIFICATION	CERTIFICATE #	DATE
ABS RECERTIFICATION	CERTIFICATE #	DATE
ABCRS CERTIFICATION	CERTIFICATE #	DATE
ABCRS RECERTIFICATION	CERTIFICATE #	DATE
OTHER CERTIFICATION	CERTIFICATE #	DATE

CURRENT ACADEMIC AFFILIATIONS

TITLE	UNIVERSITY/INSTITUTION
TITLE	UNIVERSITY/INSTITUTION

CURRENT HOSPITAL APPOINTMENTS

TITLE	HOSPITAL NAME
TITLE	HOSPITAL NAME
TITLE	HOSPITAL NAME

PRACTICE CHARACTERISTICS

1) ARE YOU ENGAGED IN PRIVATE PRACTICE? ◯ YES ◯ NO

2) I SPEND THE MAJORITY OF MY TIME IN: ◯ SOLO PRACTICE ◯ GROUP PRACTICE

PRIMARY PRACTICE ACTIVITY:

- ☐ ACADEMIC
- ☐ ADMINISTRATION
- ☐ ARMED FORCES
- ☐ GOVERNMENT
- ☐ GROUP PRACTICE
- ☐ GROUP PRACTICE MULTIPLE SPECIALTY
- ☐ GROUP PRACTICE SINGLE SPECIALTY
- ☐ HMO PRIVATE PRACTICE
- ☐ HOSPITAL STAFF
- ☐ PRIVATE PRACTICE
- ☐ RESEARCH
- ☐ RETIRED
- ☐ SOLO PRACTICE

SECONDARY PRACTICE ACTIVITY:

- ☐ ACADEMIC
- ☐ ADMINISTRATION
- ☐ ARMED FORCES
- ☐ GOVERNMENT
- ☐ GROUP PRACTICE
- ☐ GROUP PRACTICE MULTIPLE SPECIALTY
- ☐ GROUP PRACTICE SINGLE SPECIALTY
- ☐ HMO PRIVATE PRACTICE
- ☐ HOSPITAL STAFF
- ☐ PRIVATE PRACTICE
- ☐ RESEARCH
- ☐ RETIRED
- ☐ SOLO PRACTICE

PRACTICE CHARACTERISTICS

(CONTINUED)

3) MY PRACTICE OF COLON AND RECTAL SURGERY IS:

- ◯ LIMITED TO COLON AND RECTAL SURGERY — NUMBER OF YEARS LIMITED _____
- ◯ NOT LIMITED TO COLON AND RECTAL SURGERY — PERCENTAGE OF PRACTICE WHICH IS COLON & RECTAL SURGERY_____%

4) WHAT PERCENTAGE OF YOUR PRACTICE IS:

SURGICAL MANAGEMENT OF ANORECTAL DISEASE _____%

SURGICAL MANAGEMENT OF COLON DISEASE _____%

COLONOSCOPY _____%

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.)

2) HAVE YOU HAD YOUR HOSPITAL PRIVILEGES SUSPENDED, REVOKED OR MODIFIED **IN THE PAST FIVE YEARS**?

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

CURRENT MEMBERSHIP AFFILIATIONS

ACS MEMBER? ◯ YES ◯ NO IF YES, MEMBER SINCE _____

ACS FELLOW? ◯ YES ◯ NO IF YES, MEMBER SINCE _____

AMA? ◯ YES ◯ NO IF YES, MEMBER SINCE _____ AMA ID# _____

PLEASE LIST CURRENT MEDICAL SOCIETY MEMBERSHIPS (SPELL OUT):

1) _____ 2) _____

3) _____ 4) _____

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 FELLOWSHIP IN ASCRS.

Date _____ Signature _____

QUALIFICATIONS

TO BE ELIGIBLE FOR MEMBERSHIP/FELLOWSHIP IN THE AMERICAN SOCIETY OF COLON & RECTAL SURGEONS, THE APPLICANT MUST MEET THE FOLLOWING REQUIREMENTS: ***ANNUAL DUES*** **$325** ***APPLICATION FEE*** **$200**

TO QUALIFY AS A FELLOW, AN APPLICANT SHALL:

1. Meet all requirements for Membership.
2. Served a minimum of two (2) years as a Member of the Society.
3. Complete and sign the ASCRS Fellow Application.
4. Specialize in the practice of colon and rectal surgery for at least two (2) years immediately preceding application for Fellowship. This two-year period may begin when the applicant finishes colon and rectal training.
5. Attend at least one (1) annual meeting of the Society within three (3) years immediately preceding the application for Fellowship.

FOR CONSIDERATION

THE FOLLOWING ITEMS MUST BE SUBMITTED FOR THE ASCRS TO PROCESS YOUR FELLOW APPLICATION.

- Submit a copy of your American Board of Colon and Rectal Surgery Certificate or a copy of the letter from the ABCRS.
- Submit a letter of explanation if your practice of colon and rectal surgery is not limited to colon and rectal surgery.
- Submit two (2) letters of recommendation from ASCRS Fellows.
- Submit a copy of your Curriculum Vitae.
- Submit a copy of your current medical license.

PAYMENT METHOD

PLEASE SUBMIT THE $200 APPLICATION FEE AND ALL REQUIRED DOCUMENTATION TO:

MAIL	FAX	PHONE	
ASCRS MEMBERSHIP DEPARTMENT 85 W. Algonquin Rd., Suite 550 Arlington Heights, IL 60005	(847) 427-9656	Amanda Wiff, Membership Manager (847) 725-2267	For questions please contact: ASCRS Membership Department membership@fascrs.org

PRINT AND RETURN THIS PAGE WITH YOUR PAYMENT

PAYMENT INFORMATION

◯ Check *(Please make check payable to the American Society of Colon and Rectal Surgeons.)*

◯ MasterCard ◯ VISA ◯ American Express

CREDIT CARD # SECURITY CODE EXP DATE

NAME ON CARD

SIGNATURE

FOR OFFICE USE

ASCRS ID #_____