

American Society of Abdominal Surgeons, Inc.



Rapid changes are occurring in the fields of medical science and technology. Keeping current in the world of medicine is neither an easy task nor a matter of choice.

Continuing Medical Education plays a strong role in ensuring patient's safety and is also necessary for physician's throughout the country to maintain their medical license. Each of our fifty states requires documentation of continuing medical education and many require specific courses to renew medical licenses. For over fifty years the American Society of Abdominal Surgeons, Inc. (ASAS) has assisted physicians, medical staff, and other healthcare professionals in meeting their education needs and requirements by providing them with outstanding, cutting edge, continuing medical education and affording them the ability to provide their patients with the highest standard of care.

ASAS is fully accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Our Continuing Medical Education program, the Annual Clinical Congress is scheduled in the fall. ASAS designates this live educational activity for a maximum of 20 AMA/PRA, Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

At the Annual Clinical Congress, an outstanding physician may be honored with our Distinguished Service Award for his/her merit in the field of surgery.

The American Society of Abdominal Surgeons, Inc. sponsors the American Board of Abdominal Surgery (ABAS). ABAS is a certifying Board for the sub-specialty of abdominal surgery. Successful completion of the two part examination (written and oral) or a re-certification review (strongly suggested every ten years) awards 25 Hours of AMA PRA, Category 1 credits.

Publication of an article in the Journal of Abdominal Surgery qualifies for 10 AMA PRA, Category 1 Credits as awarded by AMA.

Presentation of a one-hour lecture at one of the ASAS live activities qualifies for 2 hours of AMA PRA, Category 1 Credits.

Members in-good-standing of both ABAS and ASAS enjoy the advantage of our patient referral program. When ASAS is contacted by patients requesting referrals, the contact information of three physicians in their approximate area are provided. Member information is NEVER sold or given out otherwise.

The American Society of Abdominal Surgeons, Inc.

824 Main Street, 2nd Floor, Ste 1
Melrose, MA 02176
(781) 665-6102

American Society of Abdominal Surgeons, Inc.



APPLICATION FOR MEMBERSHIP - PLEASE TYPE OR PRINT LEGIBLY

Date: _____

Name: _____ Please Circle: Male or Female

Office Address: _____

Office Tel #: _____ Fax #: _____

Email: _____

Residence Address: _____

Home Tel #: _____ Fax #: _____

Email: _____

Place of and Date of Birth: _____

Spouses Name: _____

(If you need more space to provide information requested, please attach separate sheet of paper)

UNDERGRADUATE EDUCATION:

College/University

City

State & Zip

Dates

College/University	City	State & Zip	Dates

Academic Degree(s): _____

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APPLICATION FOR MEMBERSHIP - PLEASE TYPE OR PRINT LEGIBLY

MEDICAL SCHOOL EDUCATION:

College/University	City	State & Zip	Dates

Degree(s): _____

INTERNSHIP(S) & HOSPITAL(S):

Hospital(s)	City	State & Zip	Dates

RESIDENCY & HOSPITAL:

Hospital(s)	City	State & Zip	Dates

FELLOWSHIP(S) & HOSPITAL(S):

Hospital(s)	City	State & Zip	Dates

- A) Include - a list of Procedures Performed for the last three years.
- B) Include - a Morbidity and Mortality Report for the last three years.
- C) Copy of Medical License and Current Registration for state practicing in.
- D) Copy of Medical School Degree Certificate

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PRECEPTORSHIP:

NAME & ADDRESS: _____ **Tel #:** _____

CURRENT HOSPITAL(S) APPOINTMENTS:

Hospital(s):	City	State & Zip	Dates

TYPE OF PRIVILEGES: _____

PERCENTAGE OF PRACTICE DEVOTED TO ABDOMINAL SURGERY? _____

PAST HOSPITAL(S) APPOINTMENTS:

Hospital(s):	City	State & Zip	Dates

POSTGRADUATE STUDIES (last three years):

Course Sponsor(s):	Subject Matter	Dates

(If you need more space to provide information requested, please attach separate sheet of paper)

ARE YOU A MEMBER OF AMA? (Circle) Yes No

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MEMBERSHIPS IN OTHER MEDICAL SOCIETIES?:

(If you need more space to provide information requested, please attach separate sheet of paper)

BOARD CERTIFICATION(S), CERTIFICATE # & DATE CETIFIED:

Organization	Certif. #	Date

TEACHING POSITIONS:

Institution	Subject	City	ST	Date(s)

INDICATE YOUR SPECIALITY: Abdominal Surgery, Ob/Gyn, Anesthesiology, Pathology, Radiology

LIST THE NAMES & ADDRESS INFORMATION OF THREE SURGEONS FOR LETTERS OF RECOMMENDATION:

1) Name: _____

Address (full): _____

Email: _____ Tel #: _____

2) Name: _____

Address (full): _____

Email: _____ Tel #: _____

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3) Name: _____

Address (full): _____

Email: _____ Tel #: _____

Attach a list of Published articles on a separate sheet (If applicable)

I hereby agree that I will abide by the action of the Membership Committee of the American Society of Abdominal Surgeons, Inc. All information I have provided on this application are true to the best of my knowledge and that if membership is rejected, I will in no way hold said Membership Committee or the American Society of Abdominal Surgeons, legally responsible for such action.

Signature _____ Date _____

Dues for the "Society" are \$200, which is PAYABLE UPON NOTIFICATION that your application has been approved. Dues are \$200 annually thereafter. If application is approved before the next annual billing cycle, there will be a one year grace period.

Complete and mail this application with a \$50 application fee for processing to:

American Society of Abdominal Surgeons, Inc.
Louis F. Alfano, Jr. Secretary/Treasurer
824 Main Street, 2nd Floor, Ste. 1
Melrose, MA 02176
Tel: (781) 665-6102 - Fax: (781) 665-4127
www.abdominalsurg.org



We look forward to serving you.



American Society of Abdominal Surgeons, Inc.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize American Society of Abdominal Surgeons, Inc., its staff and their representatives to consult with administrators and members of medical staffs of other hospitals or institutions with which I am or have been associated.

Further, I hereby authorize and consent to the release of information by these hospitals/ medical institutions and their medical staff to The American Society of Abdominal Surgeons, Inc. regarding any information said hospital/medical institution and their medical staff may have concerning my surgical staff privileges and appointments, as long as such release of information is done in good faith and without malice.

I hereby release these medical facilities and their staff from any liability regarding release of the above information.

Name (Print) _____

Signature _____

Date _____

SURGICAL STAFF PRIVILEGES

Type of Privileges (surgical/medical/courtesy/provisional) _____

Name of hospital(s) _____

Address(s) _____

Telephone Number(s) _____

Fax Number(s) _____