

JSPRS International Membership Application Form

International Membership is open to qualified plastic surgeons who reside and practice in a country other than Japan. International membership is an honor and is granted only to those plastic surgeons who have achieved professional distinction in their home country.

DATE OF APPLICATION (DD/MM/YY)

FIRST NAME

MIDDLE NAME

LAST NAME (FAMILY NAME)

MEDICAL DEGREE

Office Address

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE/ PROVINCE

COUNTRY

POSTAL CODE

PRACTICE WEBSITE ADDRESS

OFFICE EMAIL ADDRESS

Preferred Postal Address

Same as above

Preferred Postal Address

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE/ PROVINCE

COUNTRY

POSTAL CODE

Contacts

TELEPHONE

CELL PHONE

EMAIL

Gender: Male Female

Date of Birth (DD/MM/YY): _____

Name of Medical School (University):

Graduated/Completed Month/Year:

Plastic Surgery Training Information:

Number of Years in Practice as a Plastic Surgeon (Not including residency):

General Surgery/Residency (Name of Hospital/Institution):

General Surgery/Residency Start Month/Year: _____

General Surgery End Month/Year: _____

Plastic Surgery (Name of Hospital/Institution):

Plastic Surgery Start Month/Year: _____

Plastic Surgery End Month/Year: _____

Fellowship (Name of Hospital/Institution):

Fellowship Start Month/Year: _____

Fellowship End Month/Year: _____

Name of National Society of Plastic Surgery Membership:

Have you achieved board certification in your country?

Yes

No

Not Applicable

While an Applicant for International Membership and if elected to membership in the Japan Society of Plastic and Reconstructive Surgery, I agree to abide by the Society's By-laws and Codes of Ethics. I understand that membership in the Japan Society of Plastic and Reconstructive Surgery is a privilege and not a right. As an applicant for membership, I have the responsibility for supplying Japan Society of Plastic and Reconstructive Surgery with information adequate for proper evaluation by the Society of my fitness for membership.

In furtherance of my application for membership in the Japan Society of Plastic and Reconstructive Surgery (the "Society"), I hereby request and authorize any hospital, any medical staff, any medical organization, and any person who may have information (including medical records, patient records and reports of committees) that they deem relevant to my fitness for membership to provide such information to the Society. I further authorize the Society to provide any information it receives in connection with my application for membership in the Society to a state or county licensing authority, a state or county medical association, or an accrediting body provided I have authorized the licensing authority, medical association, or accrediting body to obtain such information.

The Society shall not be liable for acts performed in connection with the collection, evaluation, or dissemination of information or opinions, whether or not requested or solicited, in connection with my application for membership in the Society. I shall not demand, through any judicial process, access to any information accumulated or prepared by the Society in considering my application for membership.

Name (Printed)

Signature

Date

Please complete and email the application to JSPRS International Office at

[intl-office@ jsprs.or.jp].

Please make payment online when you are approved of your membership.