

American Society of Plastic Surgeons®

国際会員へのご申請に関して



申請プロセス: 国際会員

ASPS 国際会員への最初のステップとして、ご申請者の皆様は一律「国際会員候補」として登録させていただきます。

国際会員候補は申請書を受領し年会費のお支払い確認ができ次第、オンライン上の特典へアクセスいただけます。初年度の年会費は申請月により異なります。月割りの費用になりますので次ページの表をご参照ください。

申請書類の確認及び日本形成外科学会との照合が完了いたしましたら、次回の評議委員会(年4回開催)にて国際会員への登用可否が投票により決定いたします。

国際会員候補特典一覧:

- Plastic and Reconstructive Surgery® (PRS)のオンライン購読
- Plastic Surgery News® (PSN) のオンライン購読
- Plastic Surgery Education Network® (PSEN) のオンライン購読
- Plastic Surgery The Meeting, Aesthetica, Breast and Body Symposium などの学会及びシンポジウムへの参加費の会員割引
- Plastic Surgery The Meeting への寄稿、ディスカッション参加機会
- オンラインコースやインストラクショナルテストコースの会員割引



ASPS...Your essential partner in the practice of plastic surgery.sm

申請プロセス

- | | |
|--|--------------------------|
| 1. 申請書へ記入 (全申請者) | <input type="checkbox"/> |
| 2. 顔写真 (全申請者) | <input type="checkbox"/> |
| 3. 年会費のお支払い (全申請者) | <input type="checkbox"/> |
| 4. 入会金\$125ドル(グローバルパートナー以外の申請者**) | <input type="checkbox"/> |
| 5. 所属学会からの推薦状 (グローバルパートナー以外の申請者**) | <input type="checkbox"/> |
| 6. ASPS会員からの推薦状 (グローバルパートナー以外の申請者**) | <input type="checkbox"/> |
| 7. プレゼンテーション及び出版物リスト (グローバルパートナー以外の申請者**)..... | <input type="checkbox"/> |

申請書類は以下まで郵便またはEmailにてご送付ください:

Membership Services
American Society of Plastic Surgeons
444 East Algonquin Road
Arlington Heights, IL 60005-4664, USA
Email: Membership@PlasticSurgery.org
Phone: +001-847-228-9900 ext. 471

*日本語でのお問い合わせ : ktoyokawa@plasticsurgery.org

初年度年会費一覧 (USD):

ご申請月	初年度 年会費	ご申請月	初年度 年会費
1月	\$350.00	7月	\$175.00
2月	\$320.83	8月	\$145.83
3月	\$291.67	9月	\$116.67
4月	\$262.50	10月*	\$350.00*
5月	\$233.33	11月*	\$350.00*
6月	\$204.17	12月*	\$350.00*

*10月、11月、12月にご申請いただいた場合、年会費は初年度及び次年度分をカバーします。

****グローバルパートナーリスト:**

下記18ヶ国からのご申請の場合、申請書、顔写真のみでご申請いただけます。

ARGENTINA (SACPER)	JAPAN (JSPRS)
AUSTRALIA (ASPS)	MEXICO (AMCPER)
BELGIUM (RBSPS)	NETHERLANDS (NVPC)
BRAZIL (SBCP)	NEW ZEALAND (NZAPS)
FRANCE (SOFCPRE)	SINGAPORE (SAPS)
IRELAND (IAPS)	SOUTH AFRICA (APRSSA)
ISRAEL (ISPAS)	SOUTH KOREA (KSPRS)
ITALY (SICPRE)	SPAIN (SSPS)
TAIWAN (TSPS)	UNITED KINGDOM (BAPRAS)

上記以外の国からの申請は下記の書類が必要になります。

申請書
CV
プレゼンテーション及び出版物リスト
所属学会からの推薦状または認定書
ASPS 会員からの推薦状



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

ASPS International Membership Application

International Membership is open to qualified plastic surgeons who reside and practice in a country other than the United States or Canada. 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

FIRST NAME

MI

LAST NAME (FAMILY NAME)

MEDICAL DEGREE

Postal Address Preference

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE/PROVINCE

COUNTRY

POSTAL CODE

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 (Name of Hospital/Institution) _____

General Surgery Start Month/Year _____ End Month/Year _____

Plastic Surgery (Name of Hospital/Institution) _____

Plastic Surgery Start Month/Year _____ End Month/Year _____

Fellowship (Name of Hospital/Institution) _____

Fellowship Start Month/Year _____ 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 American Society of Plastic Surgeons®, I agree to abide by the Society's By-laws and Codes of Ethics. I understand that membership in the American Society of Plastic Surgeons® is a privilege and not a right. As an applicant for membership, I have the responsibility for supplying to the American Society of Plastic Surgeons® with information adequate for proper evaluation by the Society of my fitness for membership.

In furtherance of my application for membership in the American Society of Plastic Surgeons (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 ASPS Member Services at membership@plasticsurgery.org or fax it to 001 847-228-7099. Please make payment online at www.PlasticSurgery.org/EPay

