

DELAWARE VALLEY VASCULAR SOCIETY

19 North Street, Salem, MA 01970 • Tel. (978) 745-8331 • Fax. (978) 745-8334

APPLICATION FOR MEMBERSHIP

CHECK ONE

Active Membership

Candidate Membership *

Name: _____ Date of Birth: _____

Office Address: _____

Telephone: _____ Fax: _____ Email: _____

College: _____ Dates Attended: _____ Degree: _____

Medical School: _____ Dates Attended: _____ Degree: _____

Internship (Hospital) _____ Inclusive Dates: _____

Surgical Training (Hospital) _____ Inclusive Dates: _____

Chiefs of Service: _____

Military Service: _____ Dates: _____

Specialty Board Certificates: _____

Date and Type of Specialty: _____

Licensure (State and Expiration Date): _____

Present Hospital Appointments: _____

Present Teaching Appointments: _____

Society Membership: _____

Bibliography (Add attached sheet if necessary): _____

Signature of Applicant _____ **Date Submitted:** _____

*** Program Director's signature** _____

(Required for Candidate Membership)

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CANDIDATE MEMBERSHIP CRITERIA

Residents and Fellows beginning at the PGY1 level may apply for Candidate Membership. The application shall be supported by a Sponsor who shall be an Active Member of the Society. Additionally, a letter from (or the signature of) the Director of the applicant's general surgery or vascular fellowship program is required confirming the candidate's status as a physician in training at a PGYIII level or higher and in good standing.

ACTIVE MEMBERSHIP CRITERIA

1. The applicant shall have a demonstrated interest in the field of vascular medicine diseases demonstrated either by active vascular clinical practice or active research in vascular diseases.
2. He/she shall demonstrate a major interest in the field of vascular diseases after the completion of residency or fellowship programs emphasizing the medical or surgical treatment of peripheral vascular diseases.
3. The applicant shall be certified by the American Board of Surgery, the American Board of Thoracic Surgery, or a board appropriate to the applicant's specialty.
4. An application form for Active Membership shall be made available only by request of a Member of the Society who shall act as the applicant's Sponsor.
5. In addition to the Sponsor, two Endorsers who are Active Members of the Delaware Valley Vascular Society must submit letters of support. The applicant shall request all letters of support.
6. The completed application, accompanied by a current curriculum vitae, including bibliography, as well as three letters of support must be submitted to the Chair of the Membership Committee at least two months prior to the Annual Meeting of the Society.
7. The candidates recommended by the Council for election to membership shall be voted upon at the Annual Meeting. Election to membership shall be by three-fourths affirmative vote of the Active Members present.
8. A candidate who fails election at an Annual Meeting may be presented to the membership at the next two Annual Meetings of the Society. A third failure will result in a voided application. Such candidate's application may be resubmitted after an interval of two years.

SUBMIT COMPLETED APPLICATION BY MARCH 1, 2009

MAIL TO:
Membership Chairman
DVVS Membership Committee
19 North Street
Salem, MA 01970

Phone: 978-745-8331 • Fax: 978-745-8334