

**SOCIETY OF CLINICAL SURGERY**  
**Instructions for Proposals for Membership**

**Qualifications for Membership**

The following is taken from the Constitution of the Society:

“Every nomination for membership shall be in writing, signed by two members; and each signer shall write to the Committee on Admissions giving full information regarding the proposed candidate. The Committee on Admissions shall not consider any candidate until the above requirements have been fulfilled. Active members shall not be over 45 years of age at the time of their election. This requirement, however, may be modified in exceptional cases at the discretion of the Society.

“The names of candidates who have not been acted upon favorably after three years shall be dropped from the list, but they may be proposed again for membership after a two-year interval.

**Procedure**

To apply for membership to the Society of Clinical Surgery, please send the following documents (as a single PDF file) to the **Secretary** no later than **July 30, 2019**:

1. 2 signed Letters of Recommendation from Society of Clinical Surgery members proposing the applicant for membership  
Letters of recommendations should comment on applicant’s national/international recognition within their specialty, clinical performance, innovation and contributions to their institution and their field
2. Completed Society of Clinical Surgery Membership Application (see below)
3. Completed and signed Proposer for Membership Form (see below)
4. CV of applicant

**Submit completed applications to:**

Rachel Kelz, MD MSCE MBA  
SCS Secretary  
[Rachel.Kelz@uphs.upenn.edu](mailto:Rachel.Kelz@uphs.upenn.edu)

**Notes:**

1. The subject line when emailing the application to the secretary should include the following information, “SCS Membership Application 2019 [Applicant Name]”
2. You will receive a confirmation of receipt, if you do not receive a confirmation, your application has not been received.

**SOCIETY FOR CLINICAL SURGERY**  
**Membership Application 2019**

**Applicant Last Name:** \_\_\_\_\_

**Applicant First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Current Age:** \_\_\_\_\_ **Year of First Academic Faculty Appointment:** \_\_\_\_\_

**Current Academic Rank:** \_\_\_\_\_

**Current Institution:** \_\_\_\_\_

**The Application Process**

If completed and received by the Society prior to the deadline (**July 30, 2019**), your application will be reviewed and ranked by the Admissions Committee based on the merits of your accomplishments as detailed in your application. The admissions committee will put forth a slate for consideration by the executive committee. If your application is selected for the slate, you will be included on the ballot for possible election at the annual meeting. In order to allow the broad membership the opportunity to fairly consider you for membership, we will include an executive summary on the ballot.

**Please provide an Executive Summary of your qualifications to accompany your name on the ballot in the following space (limit to 150 word maximum) :**

Applicant First Name Middle Initial Last Name, credentials (replace and delete this text with your information)

*Continue on the next page*

Current %Clinical Effort: \_\_\_\_\_  
# Work RVUs in the Last Fiscal Year: \_\_\_\_\_  
H-index (using Thomson Reuters Web of Science): \_\_\_\_\_  
Total number of peer-reviewed publications: \_\_\_\_\_  
Total number of first- or senior-author peer-reviewed publications: \_\_\_\_\_  
Total number of book chapters: \_\_\_\_\_  
Editor of major surgical textbook: \_\_\_\_\_ Y/N  
If yes, list textbook(s): \_\_\_\_\_

Are you a member of a journal editorial board? \_\_\_\_\_ Y/N  
If yes, list journal(s) and impact factor(s): \_\_\_\_\_

Are you an associate or deputy editor of a journal? \_\_\_\_\_ Y/N  
If yes, list journal(s) and impact factor(s): \_\_\_\_\_

Are you an editor of a journal? \_\_\_\_\_ Y/N  
If yes, list journal(s) and impact factor(s): \_\_\_\_\_

Are you the PI on an extramural society, foundation or industry grant? \_\_\_\_\_ Y/N  
If yes, list funding agency and award type: \_\_\_\_\_

Are you the PI on an NIH K award or VA CDA award? \_\_\_\_\_ Y/N  
If yes, list funding agency and award type: \_\_\_\_\_

Are you a permanent member of an NIH, VA, DOD or NSF study section? \_\_\_\_\_ Y/N  
If yes, list funding agency and study section: \_\_\_\_\_

Are you the PI on an NIH R, VA Merit, DOD, or NSF grant? \_\_\_\_\_ Y/N  
If yes, list funding agency and award type: \_\_\_\_\_

Are you a medical student clerkship director? \_\_\_\_\_ Y/N

How many departmental teaching awards have you received? \_\_\_\_\_  
How many medical school (institutional) teaching awards have you received? \_\_\_\_\_

**Continue on the next page**

Are you the PI on an NIH T32 training grant? \_\_\_\_\_ Y/N

Are you a residency program director? \_\_\_\_\_ Y/N  
If yes, what type of residency program? \_\_\_\_\_

Are you a fellowship program director? \_\_\_\_\_ Y/N  
If yes, is the program ACGME-approved? \_\_\_\_\_ Y/N

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<b>Have you received a national teaching award?</b>	<b>Y/N</b>
If yes, what award? _____	
<b>Are you a division or section chief?</b>	<b>Y/N</b>
If yes, what is your title? _____	
If yes, how many faculty members are in your section/division: _____	
<b>Are you a Vice Chair of your Department?</b>	<b>Y/N</b>
If yes, what is your title? _____	
<b>Are you a Chair of Surgery?</b>	<b>Y/N</b>
<b>Do you hold a leadership position in the dean's office?</b>	<b>Y/N</b>
If yes, what is your title? _____	
<b>Are you a member of the Society of University Surgeons?</b>	<b>Y/N</b>
<b>Do you serve on a committee in a national society?</b>	<b>Y/N</b>
If yes, please list: _____	
<b>Do you chair a committee in a national society?</b>	<b>Y/N</b>
If yes, please list: _____	
<b>Are you a member of the American Surgical Association?</b>	<b>Y/N</b>
<b>Have you served as an officer or president of a regional society?</b>	<b>Y/N</b>
If yes, please list: _____	
<b>Have you served as an officer of a national society?</b>	<b>Y/N</b>
If yes, please list: _____	
<b>Have you served as a president of a national society?</b>	<b>Y/N</b>
If yes, please list: _____	

***Continue on the next page***

**SOCIETY FOR CLINICAL SURGERY  
Membership Application (Continued)**

Please provide an summary of your most important accomplishments /contributions – please include specific mention of any noteworthy clinical experiences or innovations (one page max).

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**SOCIETY FOR CLINICAL SURGERY**

**Proposal for Membership Form**

Applicant Last Name: \_\_\_\_\_

Applicant First Name: \_\_\_\_\_

Name of Proposer #1: \_\_\_\_\_

Signature of Proposer #1: \_\_\_\_\_

Name of Proposer #2: \_\_\_\_\_

Signature of Proposer #2: \_\_\_\_\_

***End of Application Form***