

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, 2020**:

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

Notes:

1. Completed applications will be delivered directly to the Society. You will receive a confirmation after your submission is received, and a second confirmation when the application is confirmed to be completed. If you do not receive two confirmation, your application will not be reviewed. Second confirmations should be received by August 21, 2020.

SOCIETY FOR CLINICAL SURGERY
Membership Application 2020

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, 2020**), 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**

FOR APPLICATION PREPARATION ONLY

Continue on the next page

Have you received a national teaching award? Y/N
If yes, what award? _____

Are you a division or section chief? Y/N
If yes, what is your title? _____
If yes, how many faculty members are in your section/division: _____

Are you a Vice Chair of your Department? Y/N
If yes, what is your title? _____

Are you a Chair of Surgery? Y/N

Do you hold a leadership position in the dean's office? Y/N
If yes, what is your title? _____

Are you a member of the Society of University Surgeons? Y/N

Do you serve on a committee in a national society? Y/N
If yes, please list: _____

Do you chair a committee in a national society? Y/N
If yes, please list: _____

Are you a member of the American Surgical Association? Y/N

Have you served as an officer or president of a regional society? Y/N
If yes, please list: _____

Have you served as an officer of a national society? Y/N
If yes, please list: _____

Have you served as a president of a national society? Y/N
If yes, please list: _____

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FOR APPLICATION PREPARATION ONLY

**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).

For Application Preparation ONLY

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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: _____

For Application Preparation ONLY

End of Application Form