



Southern Thoracic Surgical Association

Resident Membership Application Form

Name: _____
Last First MI

Date of Birth: _____ Gender: _____ M _____ F

Current Academic Affiliation and Title: _____

Office Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Preferred Mailing Address: Home Office

EDUCATION / LICENSURE

Institution Granting Medical Degree: _____ Year: _____

Site of Resident Training in Thoracic Surgery: _____

Anticipated Date of Completing Thoracic Surgery Residency: _____

Name of Program Director: _____

Program Director E-mail: _____

(Note: Your Program Director must sign the verification section of this form on page 2.)

ADDITIONAL APPLICANT INFORMATION

State(s), province(s), or country(ies) in which licensed/certified to practice medicine:

License/Certification Number(s): _____ Date(s) Issued: _____

PROGRAM DIRECTOR VERIFICATION

(Please have your Program Director complete this section.)

I, _____, confirm that the applicant (a) is a resident in good standing in the Thoracic Surgery residency program for which I am Program Director, or (b) has matched into such a program, or (c) has completed a Thoracic Surgery residency program for which I was Program Director and is now in the process of acquiring certification in thoracic surgery. (S)he is ethically and morally fit for STSA Resident Membership.

Signature: _____

Residency Program Institution: _____

Date: _____

BASIC REQUIREMENTS FOR RESIDENT MEMBERSHIP

An applicant for STSA Resident Membership must at the time of acceptance be matched or enrolled in a thoracic surgery educational program accredited by the Residency Review Committee for Thoracic Surgery under the authority of the Accreditation Council for Graduate Medical Education in one of the following states or regions: Alabama; Arkansas; Florida; Georgia; Kentucky; Louisiana; Maryland; Mississippi; Missouri; North Carolina; Oklahoma; South Carolina; Tennessee; Texas; Virginia; West Virginia; District of Columbia; the U.S. territories and commonwealths in the Caribbean. Individuals who have completed their education in one of the above programs and are in the process of acquiring certification in thoracic surgery by the American Board of Thoracic Surgery are eligible to apply for Resident Membership.

Resident Members may retain membership up to three years following the completion of their thoracic surgery training. Resident members who have been certified in thoracic surgery by the American Board of Thoracic Surgery may, upon written request to the Association and with approval of the Membership Committee and the Council, transition directly, with no initiation fee applied, to Active Membership. If no such official request is forthcoming, Resident Membership will be terminated and reinstatement will be dependent upon a formal application for Active Membership, with its associated requirements, including initiation fee and approval by the full membership.

Annual membership dues are \$50, to be billed after membership application is accepted.

Please mail, fax, or e-mail your completed application form and curriculum vitae to STSA by September 15.

Mail: Chair, STSA Membership Committee, 633 North Saint Clair St, Suite 2320, Chicago, IL 60611

Fax: (312) 202-5829

E-mail: stsa@stsa.org

Contact STSA Headquarters with any questions at (800) 685-7872.