

SOUTHERN THORACIC SURGICAL ASSOCIATION

APPLICATION FOR MEMBERSHIP

1 GENERAL INFORMATION

Full Name [include degree(s)] _____			Spouse's Name _____
Office Address _____			Birthdate _____
City _____	State _____	Zip _____	Birthplace _____
Office Phone _____	Office Fax _____	Home Phone _____	E-mail _____

2 EDUCATION, TRAINING AND APPOINTMENTS

	Name	Location	Number of Months	Grad/Completion Year
Medical School				
Internship				
Residency				
Fellowships				
Current Hospital or Institutional Appointments	Name	Location	Position	

American Board of Thoracic Surgery: _____
 Certificate Number _____ Year _____

3 CURRENT PRACTICE

Percentage of Current Practice: _____ General Surgery _____ Thoracic Surgery _____ Broncho-Esophagology
 _____ Cardiac Surgery _____ Vascular Surgery _____ Other

Type of Current Practice: _____ Private Practice _____ Full Time Academic _____ Part Time

Academic: (check those that apply) _____ Regular Military _____ Veterans Adminis. _____ Other

4 MEMBER SPONSORS (2 REQUIRED)

Sponsor 1: _____ Letter of Recommendation Enclosed Pending
 Name

Sponsor 2: _____ Letter of Recommendation Enclosed Pending
 Name

*Please include a current copy of your curriculum vitae and bibliography with your application materials.

BASIC REQUIREMENTS FOR MEMBERSHIP

1. Membership in the Southern Thoracic Surgical Association shall be limited to thoracic surgeons practicing or having previously practiced in the southern regions of the United States of America or who have completed a thoracic residency training program in the STSA region.

Applicants for active membership must at the time of acceptance reside, or have previously practiced cardiothoracic surgery for at least two consecutive years, or have completed a thoracic residency training program 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, the District of Columbia, or the US territories and commonwealths in the Caribbean. Such residence must be current at the time of acceptance during the annual meeting of the Southern Thoracic Surgical Association.

Applicants whose training has been in countries other than the United States of America and who are certified as proficient in thoracic and cardiovascular surgery by appropriate authorities in their home country may apply.

2. Applicants must be certified by the American Board of Thoracic Surgery. Equivalent foreign training and certification may be acceptable following review by the Membership Committee and Council.
3. At least 75 percent of the applicant's practice must be devoted to the field of thoracic and cardiovascular surgery which may include research and peripheral vascular surgery. Applicants for whom thoracic and cardiovascular surgery comprises less than 75 percent of their practice may be required to submit a list of all cases performed for the previous two years.
4. Active status will not become effective, nor certificate of membership presented, until the applicant attends one of the next four annual meetings following initial election to the membership. Failure to comply with this procedure will require reapplication for membership.

INSTRUCTIONS TO APPLICANTS

1. Review the requirements for membership and complete the application.
2. Provide a current copy of your Curriculum Vitae and bibliography.
3. Have two members of the Southern Thoracic Surgical Association (sponsors) read the completed application, review the requirements, and submit a letter of recommendation. Only one sponsor may be a partner or associate of the applicant.
4. Mail completed application (with letters of recommendation if they have been supplied to you) to the address below.
5. The deadline for consideration of any application is September 15. Applications received after September 15 will be deferred to the following year's committee.
6. Sponsors should be familiar with the applicant's current practice.

INSTRUCTIONS TO SPONSORS

1. Review the requirements for membership with the applicant.
2. If you believe the applicant fulfills the basic requirements and would be a desirable member, send a letter of recommendation. This letter may be mailed to the address below or accompany the application. Include any reservations that you may have concerning the applicant's fulfillment of the basic requirements. If you have a limited or inadequate knowledge of the applicant's current practice, please also indicate the extent of this knowledge.

Chairman, Membership Committee
Southern Thoracic Surgical Association
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