

FELLOWSHIP APPLICATION

International College of Surgeons-United States Section

Bringing the World of Surgery Together

GENERAL INFORMATION

Date of Birth month day year Sex M Work Phone Fax Initial PROFESSIONAL INFO Please complete the following AND attack Specialty (primary) (see Second Certification(s) (Include Year Certified for each) REFERENCE Name E-mail Address Address Release] F Citizenship
City, State, Zip Code Date of Birth month day year Sex M Work Phone Fax Initial PROFESSIONAL INFO Please complete the following AND attact Specialty (primary) (see Board Certification(s) (Include Year Certified for each) Current State Licenses Held REFERENCE Name E-mail Address Address Telephone Name] F Citizenship
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Specialty (primary)	
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Current State Licenses Held REFERENCE Name E-mail Address Address Telephone Name	econdary)
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Address	Please list three (3) surgeons familiar with your
TelephoneName	
Name	
	your hospital or a Fellow in good standing with
E-mail Address	
Address	with the utmost regard for confidentiality.
Telephone	
Name	
E-mail Address	
Address	DisRqst
Telephone	District
Application Fee: \$350.00	□ Check Enclosed □ Visa/MasterCard □ AMEX
Card Number /////////////	_// Expiration //20
Cardholder NameAuthorized	d Signature
Authorization to	Release
Recognizing that an investigation of my qualifications is necessary prior to becoming a me erim Council, officers, agents, employees and representatives to seek any and all docum	

I hereby authorize all persons, firms, corporations - including and without limitation hospitals, medical associations and physicians - to divulge to the ICS any information, letters, or written material relating in any manner to my professional qualifications, clinical competency, character or any other matter that is directly or indirectly related to this application. With respect to any disclosures, discussions, reports, communications, and the evaluations made herewith, I do hereby release the ICS, its Qualifications and Interim Council, officers, agents, employees and representatives and any other persons, firms, corporations, hospitals or individuals delivering any information or written material to any of them from any and all civil liability as a result of any actions or inactions by any of them as a result thereof.

Signature of Applicant