

FELLOWSHIP APPLICATION

INTERNATIONAL COLLEGE OF SURGEONS-UNITED STATES SECTION

Bringing the World of Surgery Together

GENERAL INFORMATION

First Name	Initial Last Name	
Office Address		
City, State, Zip Code		
Date of Birth month day year	Sex 🗍 M 🗍 F Citiz	enship
Work Phone Fax	E-Mail	
Spouse's First Name	Initial Last Name	
	PFESSIONAL INFORMATIO e following AND attach a current	
Specialty (primary)	(secondary)	
Board Certification(s) (Include Year Certified for each)		
Current State Licenses Held		
	References	
Name		Please list three (3) surgeons familiar with your work. References will preferably be provided by the Chair of the Surgical Department in which you work, a surgical colleague who works in your hospital or a Fellow in good standing with the ICS. All information received will be treated with the utmost regard for confidentiality.
Telephone Name E-mail Address Address Telephone		DisRqst
Application Fee: 🗖 \$350.00		Check Enclosed 🗇 Visa/MasterCard 🗇 AMEX
Card Number /////////// Expiration //20 Cardholder NameAuthorized Signature		
Authorization to Release Recognizing that an investigation of my qualifications is necessary prior to becoming a member of the ICS, I hereby authorize said College, its Qualifications and In-		
terim Council, officers, agents, employees and representatives t	o seek any and all documents at their di	scretion to evaluate this application for membership.

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

1516 North Lake Shore Drive • Chicago, Illinois 60610-1694 • Telephone (312) 787-6274 • Fax (312) 787-9289 Founded 1935 Geneva, Switzerland, Incorporated in Washington, DC, in 1940.