



Midwestern
Vascular Surgical
Society
19 North Street
Salem, MA 01970

Midwestern Vascular Surgical Society

Application for Active Membership

The Midwestern Vascular Surgical Society is a professional organization and regional vascular society, whose purpose is to broadly represent vascular surgeons and other physicians or surgeons committed to the care of vascular patients in the Midwest Region of the United States.

Candidates for Active membership should exhibit an interest in, and a commitment to vascular surgery. Active membership will be considered for candidates who fulfill the following requirements:

1. Currently practice in the states of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota or Wisconsin.
2. Have completed a ACGME approved Vascular Surgery residency program.
3. Have obtained a certificate of Special Qualifications in Vascular Surgery through the American Board of Surgery.

Active membership may be considered for those who fulfill the following requirements:

1. Demonstrate a significant interest in the diagnosis and treatment of vascular disease, through educational endeavors and/or research related to vascular biology (see below).
2. Demonstrate a commitment to the practice of vascular and/or endovascular surgery (see below).

Application Process

1. Applicants should request and complete an Application for Membership. The applicant's Curriculum Vitae, including bibliography, should be submitted with the application to the Society's Administrative Office, 19 North Street, Salem, MA 01970. Deadline for receipt of the application is May 1st.
2. Applicants should identify a Member of the Midwestern Vascular Surgical Society to serve as a Sponsor. The Sponsor should be familiar with the candidate's vascular surgery training, clinical work, and/or present standing in his/her medical community. The Sponsor may be a partner, member of the applicant's professional group, or the vascular surgery training Program Director. The applicant should contact the Sponsor and request that a letter of recommendation, addressed the Membership Committee, be forwarded to the Society's Administrative Office.
3. Two additional Members of the Midwestern Vascular Surgical Society should be identified by the Applicant to serve as Endorsers. Preferably, these individuals should not be partners or members of the applicant's professional group. The applicant should contact each Endorser and request that a Letter of Recommendation, addressed to the Membership Committee, or a Candidate Endorsement Form, be forwarded to the Society's Administrative Office.
4. Active membership may be considered for select physicians who have not completed an approved vascular surgery residency program and achieved a Certificate of Special Qualifications in Vascular Surgery. Such physicians include those with training in vascular medicine or peripheral vascular disease; or surgeons, interventional vascular radiologists, or cardiologists who demonstrate a commitment to the practice of vascular and/or endovascular surgery.

The following should be included in the application:

1. Documentation of Continued Medical Education in the area of vascular disease, vascular surgery and/or endovascular therapy. At least 10 hours of CME in vascular disease should be completed per year.
2. Surgeons without a Certificate of Special Qualifications in Vascular Surgery must submit a case log documenting all major and minor vascular surgery procedures performed over the past two years. Surgeons should perform at least 50 major and 50 minor vascular procedures over this time frame.
3. Physicians need to provide attainment of the minimum number of cases designated by their respective Boards to perform peripheral vascular interventions. These physicians should also submit verification of performance of at least 100 major vascular interventions over a two-year period.
4. The Sponsor and Endorsers should specifically comment on the physician's clinical exposure or training in vascular disease, standing in the community, and the quality of care provided to patients with vascular disease.



Midwestern Vascular Surgical Society

Application for Active Membership

Name: _____

Business Address: _____

Telephone: _____ Fax: _____

Email: _____

Place of Birth: _____ Birth Date: _____

Premedical Education: _____

Degree: _____ Date: _____

Medical Education: _____

Degree: _____ Date: _____

Surgical Residency

Program: _____ Program Director: _____

Address: _____

Dates: _____

Vascular Fellowship

For applicants who have not completed a vascular fellowship, contact the membership chairperson for instructions regarding further requirements.

Program: _____ Program Director: _____

Address: _____

Dates: _____

Board Certification: * American Board of Surgery * American Board of Thoracic Surgery

Certificate Number: _____ Date Certified: _____

Recertified: _____



Midwestern Vascular Surgical Society

Application for Active Membership (pg 2)

Certificate of Special Qualifications - Vascular Surgery:

Certificate Number: _____ Date Certified: _____

Recertified: _____

Hospital Medical Staff Appointments:

List hospitals where clinical privileges are held

Medical School Faculty Appointments:

If applicable

Title: _____ Medical School: _____

Title: _____ Medical School: _____

Please identify a Member of the Midwestern Vascular Surgical Society to act as the Sponsor and two additional Members to serve as Endorsers of this Application: PLEASE PRINT

Sponsor: _____

Endorser: _____

Endorser: _____

1. The Applicant should request the SPONSOR and each of the ENDORSERS to submit LETTERS OF RECOMMENDATION (or the CANDIDATE FOR MEMBERSHIP ENDORSEMENT FORM found on the website), addressed to the Membership Committee, and mailed to the Society's Administrative Office:

Midwestern Vascular Surgical Society
19 North Street
Salem, Massachusetts 01970

2. Please attach your CURRICULUM VITAE, including bibliography, to the application.
3. APPLICATION DEADLINE (including letters/forms of Sponsorship and Endorsement) is MAY 1st.
4. Please direct inquires to the Membership Coordinator: Phone 978-745-8331
e-mail: mvs@bostonbased.com website: www.mvss.org

Applicant Signature: _____ Date: _____