Society *of* Black Academic Surgeons

Membership Application

Please provide information in typewritten format.

Personal Information:

Last Name First Name Middle Initial

Academic Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Work: _____ Home: _____

Email: _____ Fax:_____

Other: _____

Education:

Undergraduate: _____

School Years Degree

Medical School: _____

School Years Degree

Fellowships: _____

School Years Degree

Certification:

General Surgery: _____ Year

Subspecialty: _____ Year

Current Medical School Faculty Status

- ☐ Instructor
- ☐ Assistant Professor
- ☐ Associate Professor
- ☐ Professor
- ☐ Emeritus
- ☐ _____
- ☐ Geographic _____ Full Time _____ Part Time
  _____ Volunteer _____ Research

Society Memberships (Check all that apply)

- ☐ Fellow, American College of Surgeons _____ Year
- ☐ American Surgical Association
- ☐ AATS ASES Central Surgical Association
- ☐ International Society
- ☐ National Medical Association (Surgical Society)
- ☐ New England Surgical Society
- ☐ Pacific Coast Surgical Association
- ☐ SAS SAGES SESC
- ☐ Society of Vascular Surgery
- ☐ Southern Surgical Association SST SUS SWSC
- ☐ Transplant Society Western Surgical Society
- ☐ _____ _____
- ☐ _____ _____

Publication History During Past Five Years in Peer Reviewed Journals

Please Check One:

____>20 ___ 15-20 ___ 10-15 ___ 5-10 ___ 1-5 ___ None

Focus of Research Efforts

1. _____
2. _____
3. _____

Additional Documents Required To Complete Your Membership Application

1. Letter of Reference from the chairman of your department

2. Letter of Reference from a faculty member in your department familiar with your academic accomplishments

3. Current curriculum vitae (attach to this application form)

Please send your application to info@sbas.net
or mail to:

SBAS Central Office
Attn: Lovie Penson
825 Fairfax Ave Ste
610 EVMS-Dept. of
Surgery Norfolk, VA
23507