

**INTERNATIONAL SOCIETY OF LAPAROSCOPIC COLORECTAL SURGERY**  
**MEMBERSHIP APPLICATION**

Please complete application in its entirety. **PLEASE PRINT OR TYPE.**

Date \_\_\_\_\_

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**APPLICANT'S NAME IN FULL:**

Last/Family Name

First/Given Name

Middle Name or Initial

Citizenship

Place of Birth

Date of Birth

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**PLEASE CHECK PREFERRED MAILING ADDRESS**

**PROFESSIONAL ADDRESS**

Organization

Title/Dept.

Street

City

State/Province

Zip/Postal Code

Country

Telephone

Fax

E-Mail Address

**RESIDENCE ADDRESS**

Street

City

State/Province

Zip/Postal Code

Country

Telephone

Fax

E-Mail Address

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**EDUCATION**

	<b>Name of Institution</b>	<b>Degree</b>	<b>Date Awarded</b>
College/University			
Medical School			
Postgraduate Training			

	Name of Institution	Program Director	Inclusive Dates
Internship			
Residency			
Fellowship			
Other			

**MEDICAL LICENSURE** *(a copy must be attached)*

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State \_\_\_\_\_ Registry Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Has your medical license ever been suspended or revoked in any state?  Yes  No

Have your privileges ever been suspended or changed?  Yes  No

**BOARD CERTIFICATION**

**Surgeons who reside in the United States, Canada or Puerto Rico, I am:**

Certified by the American Board of Surgery Certificate # \_\_\_\_\_

Certified by the American Board of Osteopathic Surgery Certificate # \_\_\_\_\_

A Fellow of the American college of Surgeons Certificate # \_\_\_\_\_

**Surgeons who reside in a country other than the USA, Canada or Puerto Rico, or surgeons practicing in the USA who are not Board Certified:**

Please list which official document(s) or certificate(s) are required to allow you to practice surgery in your country/region. *(If now practicing in the US, list documents for the country in which you trained.)*

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**Fellowships & Memberships**

College Fellowships

I am currently a member of:

AMA  ACS  ASCRS  SSAT  EAES  CAGS  ESCP  CCANZ  ISUCRS  SSAT  ASPGBI

**ACADEMIC APPOINTMENTS** *(begin with current)**Please check one:*

Institution	Title	Clinical	Full Time	Inclusive Dates

**HOSPITAL APPOINTMENTS** *(begin with current)*

Institution	Inclusive Dates

**PUBLISHED CONTRIBUTIONS TO MEDICAL LITERATURE**

Institution	Dates

I authorize the International Society of Laparoscopic Colorectal Surgery to obtain information from societies, hospital staff, members, and any other source regarding this application and my qualifications for membership which will be kept confidential by the Society.

\_\_\_\_\_  
Applicant's Signature Date

**INSTRUCTIONS FOR SUBMISSION OF ISLCRS MEMBERSHIP APPLICATION****Documents required for submission with completed application for Board Certified Surgeons:**

- Your certificate from the American Board of Surgery, the American Board of Osteopathic Surgery, or the American College of Surgeons
- Two letters of recommendation from two separate individuals
- A copy of your Curriculum Vitae

**Documents required for submission with completed application for Surgeons who reside in a country other than the USA, Canada or Puerto Rico, or surgeons practicing in the USA who are not Board certified:**

- Your surgical certificate or other official document which allows you to practice surgery in your country
- Two letters of recommendation from separate individuals
- A copy of your Curriculum Vitae

*\* For surgeons who originally trained and were certified internationally, but are now practicing in the US, please provide the surgical certificate/official documents from the country in which you trained.*

**MEMBERSHIP DUES**

Current ISLCRS dues are \$150(US). Membership dues are invoiced after acceptance into membership.

**ALL DOCUMENTS SHOULD BE MAILED**

Attn: ISLCRS Membership Department, 5019 W. 147<sup>th</sup> Street, Leawood, KS, UNITED STATES

**www.islcrs.org**