



WESTERN VASCULAR SOCIETY

MEMBERSHIP APPLICATION

(PLEASE PRINT OR TYPE)

DATE _____

NAME _____
Last First Middle

OFFICE _____
Street
City State Zip

TELEPHONE _____ FAX _____ EMAIL (Required) _____

RESIDENCE _____
Street City State Zip

BIRTHDATE _____ BIRTHPLACE _____ NAME OF SPOUSE _____

YEARS IN PRACTICE: TOTAL _____ WESTERN REGION _____ PRESENT LOCATION _____

SIZE OF COMMUNITY _____ LIST FORMER PRACTICE LOCATIONS: _____

TO THE EXECUTIVE COUNCIL OF THE WESTERN VASCULAR SOCIETY:

I VOUCH FOR THE CHARACTER AND STANDING OF _____
Name of Applicant

FROM _____ AND RECOMMENDED HIS/HER ELECTION TO ACTIVE MEMBERSHIP.
City State

SPONSORED BY: _____
Signature

LETTER OF RECOMMENDATION FROM SPONSOR TO ACCOMPANY APPLICATION. APPLICANT OR SPONSOR ARE REQUIRED TO SOLICIT ADDITIONAL LETTERS.

DATE APPLICATION RECEIVED _____

ACTION OF EXECUTIVE COUNCIL: APPROVED _____ DEFERRED _____ DROPPED _____

ACTION OF MEMBERSHIP: ELECTED _____ DEFERRED _____ REJECTED _____
Date Date Date

TO THE EXECUTIVE COUNCIL OF THE WESTERN VASCULAR SOCIETY:

FOR YOUR INFORMATION, I SUBMIT THE FOLLOWING DATA CONCERNING MY MEDICAL EDUCATION AND SURGICAL EXPERIENCE:

1. UNDERGRADUATE EDUCATION:

_____ Date/Year _____ to Date/Year _____. DEGREE _____
University or College

_____ Date/Year _____ to Date/Year _____. DEGREE _____

_____ Date/Year _____ to Date/Year _____. DEGREE _____

2. MEDICAL EDUCATION:

_____ Date/Year _____ to Date/Year _____. DEGREE _____

_____ Date/Year _____ to Date/Year _____. DEGREE _____

3. INTERNSHIP:

_____ Date/Year _____ to Date/Year _____.

4. RESIDENCY TRAINING: (INCLUDE CLINICAL AND BASIC SCIENCE TRAINING FOLLOWING INTERNSHIP)

_____ Date/Year _____ to Date/Year _____
Hospital

5. VASCULAR SURGERY FELLOWSHIP:

_____ Date/Year _____ to Date/Year _____

6. LABORATORY INVESTIGATION/TRAINING:

SPECIALTY CERTIFICATION: _____
Board Year Certificate No.

Board

Year

Certificate No.

VASCULAR CERTIFICATION: _____
Year Certificate No.

RECERTIFICATION: _____
Year

FELLOW OF THE AMERICAN COLLEGE OF SURGEONS OR THE ROYAL COLLEGE OF SURGEONS _____
Date Elected

PROFESSIONAL ASSOCIATES

PARTNERS: _____

FACULTY: _____

MEDICAL SCHOOL TEACHING APPOINTMENTS: (LIST DATES – FACULTY OR CLINICAL FACULTY)

HOSPITAL STAFF APPOINTMENTS: (LIST DATES AND STATUS)

PERCENTAGE OF PRACTICE DEVOTED TO:

GENERAL VASCULAR SURGERY _____%

CARDIOVASCULAR SURGERY _____%

AVERAGE OF NUMBER OF MAJOR VASCULAR SURGICAL CASES PER YEAR _____

LIST MEDICAL AND SURGICAL SOCIETIES IN WHICH YOU HOLD MEMBERSHIP:

YEAR ATTENDED AN ANNUAL MEETING OF THE WESTERN VASCULAR SOCIETY (required prior to application submission):

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

PLEASE ATTACH A COPY OF YOUR CURRICULUM VITAE WITH A LIST OF ALL VASCULAR SURGERY PUBLICATIONS, AS WELL AS A RECENT PHOTOGRAPH OF YOURSELF. MAIL THE COMPLETED APPLICATION TO THE SECRETARY-TREASURER OF THE SOCIETY AS FOLLOWS:

Larry W. Kraiss, M.D.
Secretary-Treasurer
Western Vascular Society
19 North Street
Salem, MA 01970
(978) 745-8331 – wvs@bostonbased.com



WESTERN VASCULAR SOCIETY

Western Vascular Society Active Membership Guidelines

1. Members shall be drawn from the Western states, provinces and the Pacific Rim. This will be defined as follows: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oklahoma, Oregon, Utah, Washington, Wyoming, Alberta, British Columbia and the Pacific Rim
2. Candidates for membership shall be certified by the American Board of Surgery Added Certification in Vascular Surgery or the Royal Canadian College of Surgeons Certificate of Special Competence in Vascular Surgery. Prospective members shall have attended an Annual Meeting of the Society.
3. Prospective members should have completed a minimum of three (3) years of practice after vascular surgery training before applying for membership.
4. One or more of the following three (3) general criteria should be met by the prospective member in order to be considered for membership:
 - Excellence in Clinical Care – this can be reflected by letters from colleagues and collaborators, regional reputation, years in practices, peer-recognition awards (Chief of Staff, senior surgeon in group, HMO recognition award), service on peer-review organizations, case lists and outcomes, community involvement or participation in clinical trials.
 - Contributions to Vascular Science – this can be reflected by peer-review publications, non-profit or federal grant support, invited lectures, professorships, faculty appointments, invited publications, participation in clinical trials, device development, active participation in local/regional vascular societies, or serving on hospital committees.
 - Contributions to Vascular Education – this can be reflected by teaching responsibilities at a vascular or general surgery training program, hospital grand rounds, seminars, proctorship of new vascular procedures or other lectureships.
 - Membership Application Deadline: May 1st