



THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY, INC.

RESIDENT PROGRAM ENROLLMENT FORM

Enrollment in this program is FREE and open to residents and fellows currently enrolled in accredited plastic surgery residency programs or accredited/private plastic surgery fellowships in the United States and Canada.

CONTACT INFORMATION:

_____	_____	_____	_____	_____	_____
First Name	Middle	Last Name	Date of Birth	Male	Female
_____		_____	_____	_____	_____
Mailing Address		City	State	Country	Zip/Postal Code
_____	_____		_____		
Cell Phone	Business E-Mail		Personal (Permanent) E-mail		

TRAINING PROGRAM INFORMATION:

_____	_____		
Program Name	Program/Fellowship Director's Name		
_____	_____		
Program Start Date (MM/DD/YY)	Program Completion Date (MM/DD/YY)		
_____	Residency:	Integrated	Independent
Program Phone	Fellowship:	Aesthetic	Breast
		Craniofacial	Hand
		Microsurgery	Other
_____	_____		
Resident/Fellow's Signature	Date (MM/DD/YY)		

I certify that the above plastic surgery resident/fellow is currently enrolled in an accredited plastic surgery residency program or accredited/private plastic surgery fellowship in the United States or Canada.

_____	_____
Program/Fellowship Director's Signature	Date (MM/DD/YY)

ENDORSEMENTS: I certify that I am currently enrolled in an accredited plastic surgery residency program or accredited/private plastic surgery fellowship in the United States or Canada. **CONTACT RELEASE:** I understand that by providing my address, phone number, and e-mail address(s), I hereby authorize the American Society for Aesthetic Plastic Surgery (ASAPS), the Aesthetic Surgery Education & Research Foundation (ASERF) and their licensees to contact me via these methods, both now for the benefits of this program, then later for all membership, medical education and research purposes, whether or not such purposes are strictly not-for-profit or have commercial aspects.