



**APPLICATION TO BECOME C'VRC REVIEWER**

**Application to become a VRC Reviewer**

**CONTACT INFORMATION**

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST)

WORK PLACE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_  
(STREET ADDRESS)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP/POSTAL CODE)

EMAIL ADDRESS: \_\_\_\_\_

ACS VERIFIED: YES NO LEVEL: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADMINISTRATIVE ASSISTANT: \_\_\_\_\_

ASSISTANT'S EMAIL & PHONE: \_\_\_\_\_

INTERESTED IN BECOMING A VRC... (choose one)

- TRAUMA SURGEON REVIEWER
- NURSE REVIEWER
- ORTHOPAEDIC SURGEON REVIEWER
- PEDIATRIC SURGEON REVIEWER
- EM SURGEON REVIEWER
- NEUROSURGEON REVIEWER
- EM REVIEWER

I HAVE REVIEWED THE VRC REVIEWER CRITERIA LISTED ON THE ACS WEBSITE AND ATTEST THAT I MEET ALL APPLICABLE CRITERIA: YES NO

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_