



ACADEMY OF
MASTER SURGEON
EDUCATORS

AMERICAN COLLEGE OF SURGEONS
DIVISION OF EDUCATION

Application for Associate Member

This application form is for new or returning applicants applying for Associate Member. If you are a current Associate Member of the Academy applying for another 5-year term as Associate Member, please return to the main menu and select the application form: Associate Member (Current Associate Member Applicant).

Applicant Name: _____

Name of Primary Institution: _____

Name of Secondary Institution, if applicable: _____

I. PERSONAL STATEMENT

Please complete the application in the English language.

Please state your personal educational philosophy and summarize how your expertise and experience will support the mission of the Academy, "To play a leadership role in advancing the science and practice of education across all surgical specialties, promoting the highest achievements in the lifetimes of surgeons."

500 word limit

II. CRITERIA

As you complete the Criteria Section, please note that applicants will be expected to have made significant contributions in some or all of the following areas. Please be as detailed in your responses to each of the areas as possible (within the 500 word limit). If you leave any of the sections unanswered, please be sure that this is your intention. For further information on Associate Membership Requirements, please click on the link above.

A. Established Record

Please summarize your record of achievement as a locally or regionally recognized surgeon educator.

500 word limit

B. Current Contributions

Please provide a description of your current position and/or efforts as they relate to surgical education.

500 word limit

C. Leadership

Please summarize your leadership positions and experience in surgical education and surgery, within academic institutions or health systems.

500 word limit

D. Scholarship

Please summarize your record of scholarship in surgical education and surgery, as it relates to the Scholarship Criteria for Associate Membership in the Academy of Master Surgeon Educators. These criteria are:

- Contributions to scholarship in education based on the broad concept of scholarship (Boyer, Carnegie Foundation, 1990)
- Development of new educational models or curricula
- Development or participation in faculty development programs

500 word limit

E. Recognition

Please summarize your service on local, regional and/or national education committees in surgical education and surgery.

500 word limit

F. Personal Educational Development

Please summarize your pursuit of professional training and education development to support your personal career goals.

500 word limit

III. LETTERS OF REFERENCE

Three are required

Please provide three professional references who would be willing to furnish a recommendation for Membership in the Academy of Master Surgeon Educators.

Once your application is submitted, the ACS Division of Education will contact your references. The letters will be held in the strictest confidence, only to be shared with the application reviewers and the Academy Steering Committee. The ACS Division of Education will not provide any information about the content of the letters to the applicant.

	Reference #1	Reference #2	Reference #3
Name			
Title			
Institution			
Phone			
Email			

IV. CURRICULUM VITAE & BIOSKETCH

Please upload your Curriculum Vitae (CV) in .pdf format only. This document is a required component of the application. You may upload your entire CV.

UPLOAD FILE

Please upload your Biosketch in .pdf format only. This document is a required component of the application. Your Biosketch must be limited to one page. Documents longer than one page will be returned to the applicant with the request to revise and resubmit a document that is one page in length.

Your Biosketch should include the highlights of your accomplishments in surgical education, your positions, honors, and seminal contributions to the field.

UPLOAD FILE

V. AGREEMENT STATEMENT

By submitting this application for Associate Membership in the Academy of Master Surgeon Educators, I agree to the following:

- I understand that the submission of an application does not assure admission to the Academy.
- I understand that membership carries an obligation to:
 - Support the mission and goals of the Academy
 - Actively participate in the programs and activities of the Academy
 - Maintain the highest caliber of work in education and teaching
- If selected, I agree to pay the annual dues of the Academy as well as an initiation fee. The initiation fee covers the expenses associated with the items shared with the Members, Associate Members, and Affiliate Members, as well as the Induction Ceremony. This is a five-year time-limited Associate Member term, and I understand I will be required to pay another initiation fee if later selected for Member or Associate Member. For the most updated information on the dues and the fees, please refer to the Academy webpage.

SAVE

SUBMIT