

# **Virginia Vascular Society**

## Guidelines for Membership Application

### **QUALIFICATIONS:**

Individuals seeking active membership in the Virginia Vascular Society must meet the following criteria:

1. Board Certification by one or more of the Following Boards:
  - a. American Board of Surgery (General Surgery or Vascular Surgery)
  - b. American Board of Radiology
  - c. American Board of Interventional Cardiology.
2. In the active practice of Vascular or Endovascular procedures in the Commonwealth of Virginia.
3. In the active practice of Vascular/Endovascular Therapy for at least 1 year.
4. Present documentation of all major Vascular/Endovascular procedures in the prior twelve months.

### **INSTRUCTIONS FOR COMPLETING APPLICATION:**

1. Candidate should complete all appropriate attached items and sign application.
2. Present documentation of all major vascular procedures performed in the prior twelve months.
3. Applicant must be sponsored by an active member of the society and provide a letter from two other active or founder members of the Society endorsing applicant's ethics and competence.
4. The completed application (including caseload, CV, letters of sponsorship) should be forwarded to:

Virginia Vascular Society  
P O Box 7014  
Charlottesville, VA 22906

Fax Number: 434-244-7588 – Attn. Lorna Williams

Email: [lhw4n@virginia.edu](mailto:lhw4n@virginia.edu)

5. The deadline for receipt of membership applications is August 30<sup>th</sup> of each year. Only completed applications will be considered by the membership committee.

# Virginia Vascular Society

## Application for Membership

Date: \_\_\_\_\_

### To the Executive Council of the Virginia Vascular Society

I Hereby Make Application for Membership in the Virginia Vascular Society

Please Print

Name: \_\_\_\_\_  
(Last name) (First name) (Middle initial)

Office: \_\_\_\_\_  
(Street Number, City, State, Zip)

Residence: \_\_\_\_\_  
(Street Number, City, State, Zip)

Office Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Are you a citizen of the United States: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ MD

### To The Executive Council of the Virginia Vascular Society:

We vouch for the character and standing of \_\_\_\_\_ MD  
and recommend his election to active membership.

Sponsored by: \_\_\_\_\_  
(Signature)

Letters of reference from: \_\_\_\_\_  
\_\_\_\_\_



E. Membership in the following Medical Societies

Society Name	Status

Practice Statistics:

Vascular Procedures \_\_\_\_\_ %  
General Surgery \_\_\_\_\_ %  
Endovascular Procedures: \_\_\_\_\_ %

Board Certification:

Date Certified: \_\_\_\_\_ Name of Board: \_\_\_\_\_

I agree if elected to this Society to attend its meetings and contribute to the meetings by the presentation of papers and entering into discussions.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date