



**CANADIAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY  
APPLICATION FOR MEMBERSHIP**

Membership Category for which you are applying:

\_\_\_\_\_ Fellow

\_\_\_\_\_ Member

\_\_\_\_\_ International Member

\_\_\_\_\_ Junior Member

Please check that all items required are included with this application:

\_\_\_\_\_ \$50.00 Application Fee

\_\_\_\_\_ Curriculum Vitae

\_\_\_\_\_ Recent Photograph

\_\_\_\_\_ O.R. Reports on 35 cosmetic and/or reconstructive cases, or letter of good standing in the A.A.F.P.R.S. (Fellow Applicants only)

**A. PERSONAL DATA**

Name \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Office Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_



**B. EDUCATION**

1. Medical School

Name \_\_\_\_\_

Location \_\_\_\_\_

Date Degree Conferred \_\_\_\_\_

2. Residency Training

Specialty \_\_\_\_\_

Name of School and Faculty \_\_\_\_\_

Location \_\_\_\_\_

Date Degree Conferred \_\_\_\_\_

3. Fellowship or Post-Graduate Training

Name of School and Faculty \_\_\_\_\_

Preceptor (if applicable) \_\_\_\_\_

Location \_\_\_\_\_

Area of Study \_\_\_\_\_

**C. MEDICAL LICENCES**

<u>Province or State</u>	<u>Licence Number</u>	<u>Date Received</u>	<u>Date of Expiry</u>
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D. HOSPITAL APPOINTMENTS

State hospital, address, affiliation with university (if applicable), type of appointment, date of appointment.

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_



-4-

E. TEACHING AND RESEARCH APPOINTMENTS

State school and faculty, rank, date of appointment, and area of teaching or research.

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F. SCHOLARLY AND/OR CREATIVE WORK

List in chronological order papers published or presented, work in progress, or courses taught.

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G. PROFESSIONAL ACTIVITIES

List medical organizations and type of membership held, and any offices held or honours bestowed.

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H. HONOURS AND AWARDS

List any honours or awards bestowed, including date and basis of award.

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I. REFERENCES

List two references, one from a member of the C.A.F.P.R.S., who will send reference letters to the Executive Director. List their address, position, and telephone number.

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Submission of a Curriculum Vitae, additional references, or other information to support the application will be accepted. This material will not be returned, and does not supplant the requirement of submission of a completed Application for Membership form.

Completed applications and any inquiries should be directed to the Executive Director, Canadian Academy of Facial Plastic and Reconstructive Surgery, 2996 Windjammer Road, Mississauga, Ontario L5L 1S7. Telephone: (905) 569-6965.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_