



THE TOLEDO SURGICAL SOCIETY

5800 Monroe Street Building G Sylvania, OH 43560

phone: 419-885-2525 fax: 419-885-3253

Application for Fellowship

Name: _____

Date of Birth: _____

Place of Birth: _____

Office Address:

Home Address:

telephone: _____

telephone: _____

email: _____

Name of Contact Person: _____

Preferred correspondence { } office { } home

Applicants must have a member sponsor and two additional endorsers:

Sponsor: _____ signature: _____

Endorser: _____ signature: _____

Endorser: _____ signature: _____

The Toledo Surgical Society Application for Fellowship

Premedical Education (school)

Dates

_____ to _____ Degree _____
_____ to _____ Degree _____

Medical Education (school)

_____ to _____ Degree _____
_____ to _____ Degree _____

Post Graduate Education (internship; residency; fellowship)

_____ to _____
_____ to _____
_____ to _____

Research and other Surgical Interest

Current Hospital Associations

The Toledo Surgical Society Application for Fellowship

Academic Appointments

Society Memberships

Surgical Specialty: _____

Board Certification:

If not Board Certified are Board Admissible (Eligible)? yes _____ no _____

Fellow in The American College of Surgeons? yes _____ no _____

I hereby certify that the above information is true and correct. I agree to attend meetings of The Toledo Surgical Society and to contribute to meetings. I hereby promise that I will not practice the diversion of fees, either directly or indirectly, in any manner whatsoever.

_____ Date: _____
signature

Please attach Curriculum Vitae and return by mail or fax to:
The Toledo Surgical Society
5800 Monroe Street Building G
Sylvania, OH 43560
fax: 419-885-3253