



Midwestern Vascular  
Surgical Society  
100 Cummings Center  
Suite 124A  
Beverly, MA 01915

# Midwestern Vascular Surgical Society

## Application for Active Membership

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The Midwestern Vascular Surgical Society is a professional organization and regional vascular society, whose purpose is to broadly represent vascular surgeons and other physicians or surgeons committed to the care of vascular patients in the Midwest Region of the United States.

Applicants for Active membership should exhibit an interest in, and a commitment to, vascular surgery. Active membership will be considered for candidates who fulfill the following requirements:

1. Currently practice in the states of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota or Wisconsin.
2. Have completed an ACGME approved Vascular Surgery residency program.
3. Have obtained a certificate of Special Qualifications in Vascular Surgery through the American Board of Surgery.

Active membership may be considered for those who fulfill the following requirements:

1. Demonstrate a significant interest in the diagnosis and treatment of vascular disease, through educational endeavors and/or research related to vascular biology (see below).
2. Demonstrate a commitment to the practice of vascular and/or endovascular surgery (see below).

### Application Process

1. Applicants should request and complete an Application for Membership. The applicant's Curriculum Vitae, including bibliography, should be submitted with the application to the Society's Administrative Office, 100 Cummings Center, Suite 124A, Beverly, MA 01915.
2. Applicants should identify a Member of the Midwestern Vascular Surgical Society to serve as a Sponsor. The Sponsor should be familiar with the candidate's vascular surgery training, clinical work, and/or present standing in his/her medical community. The Sponsor may be a partner, member of the applicant's professional group or the vascular surgery training Program Director. An Endorsement Form from the Sponsor (or a Letter of Recommendation) should be included with the application.
3. One additional Member of the Midwestern Vascular Surgical Society should be identified by the Applicant to serve as an Endorser. Preferably, these individuals should not be partners or members of the applicant's professional group. The applicant should contact the Endorser and request that a Candidate Endorsement Form be forwarded to the Society's Administrative Office.
4. Active membership may be considered for select physicians who have not completed an approved vascular surgery residency program and achieved a Certificate of Special Qualifications in Vascular Surgery. Such physicians include those with training in vascular medicine or peripheral vascular disease; or surgeons, interventional vascular radiologists, or cardiologists who demonstrate a commitment to the practice of vascular and/or endovascular surgery.

### The following should be included in the application:

1. Documentation of Continued Medical Education in the area of vascular disease, vascular surgery and/or endovascular therapy. At least 10 hours of CME in vascular disease should be completed per year.
2. Surgeons without a Certificate of Special Qualifications in Vascular Surgery must submit a case log documenting all major and minor vascular surgery procedures performed over the past two years. Surgeons should perform at least 50 major and 50 minor vascular procedures over this time frame.
3. Physicians need to provide attainment of the minimum number of cases designated by their respective Boards to perform peripheral vascular interventions. These physicians should also submit verification of performance of at least 100 major vascular interventions over a two-year period.
4. The Sponsor and Endorser should specifically comment on the physician's clinical exposure or training in vascular disease, standing in the community, and the quality of care provided to patients with vascular disease.



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Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

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

Pre-Medical Education: \_\_\_\_\_

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

Medical Education: \_\_\_\_\_

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

## Residency Training

Program: \_\_\_\_\_ Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

## Fellowship Training

(For applicants who have not completed a vascular fellowship, contact the membership chairperson for instructions regarding further requirements.)

Program: \_\_\_\_\_ Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

## Board Certification

Name of Board: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Recertified: \_\_\_\_\_

Name of Board: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Recertified: \_\_\_\_\_



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## Certificate of Special Qualifications – Vascular Surgery:

Certificate Number: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Recertified: \_\_\_\_\_

## Hospital Medical Staff Appointments:

List hospitals where clinical privileges are held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical School Faculty Appointments (if applicable):

Title: \_\_\_\_\_ Medical School: \_\_\_\_\_

Title: \_\_\_\_\_ Medical School: \_\_\_\_\_

Please identify a Member of the Midwestern Vascular Surgical Society to act as the Sponsor and one additional Member to serve as Endorser of this application:

Sponsor: \_\_\_\_\_

Endorser: \_\_\_\_\_

- The Applicant should request the SPONSOR and ENDORSER submit the MEMBERSHIP ENDORSEMENT FORM found on the Society's website. This form may be mailed to the Society's Administrative Office along with the application, or submitted electronically to [mvs@bostonbased.com](mailto:mvs@bostonbased.com):

**Midwestern Vascular Surgical Society  
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- Please attach your CURRICULUM VITAE, including bibliography, to the application.
- APPLICATIONS and supporting documentation may be sent to the Society's Administrative Offices by mail or electronically to [mvs@bostonbased.com](mailto:mvs@bostonbased.com) to be reviewed by the Membership Committee.

## Questions?

**Telephone:** 978-745-8331  
**Fax:** 978-745-8334  
**Email:** [mvs@bostonbased.com](mailto:mvs@bostonbased.com)  
**Website:** [www.midwestvascular.org](http://www.midwestvascular.org)

**Applicant Signature:** \_\_\_\_\_

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