

SPINE INTERVENTION SOCIETY RESIDENT/FELLOW MEMBERSHIP APPLICATION



PERSONAL & CONTACT INFORMATION

Name: First/Middle/Last

Nickname

Degree(s)

Specialty

Date of Birth

Home Street Address

Home City/State/Province/Postal Code/Country

Resident

Fellow

Preferred Primary Email

Preferred Mailing Address

Female

Male

Program Personal

Program Personal

Program-based Email

Personal/Permanent Email

Program Phone

Personal Phone

Facebook Profile URL

LinkedIn Profile URL

Twitter Handle

QUALIFICATIONS

Resident and Fellow membership is limited to physicians Board-certified or pursuing certification in the following specialties:

I am currently certified in one or more of the following specialties, and have attached verifying documentation.

I am not currently certified in one of the following specialties, but I expect to complete certification on _____, and have attached verifying documentation.

I am not currently certified, but I affirm my intention to actively pursue Board certification in one of the following specialties.

ANESTHESIOLOGY

NEUROLOGY

NEUROSURGERY

ORTHOPEDIC SURGERY

PHYSICAL MEDICINE
AND REHABILITATION

RADIOLOGY

PROGRAM INFORMATION

Program Name

Program Street Address

Program City/State/Province/Postal Code/Country

Expected Completion Date

If in Fellowship list Residency program and completion date

Program Director

Program Director Email

Program Director Phone

Program Coordinator

Program Coordinator Email

Program Coordinator Phone

APPLICATION REQUIREMENTS Please indicate that you have attached all required verifying documents.

Curriculum Vitae

Program Acceptance Letter Verifying In-Training Status

Documentation of Board certification, or verification of exam scheduling

AUTHORIZATION

I hereby release from liability all representatives of the Spine Intervention Society in connection with evaluating my application, credentials, and qualifications. By signing this application I affirm that the provided information is true.

Signature _____ Date _____

PLEASE MAIL, EMAIL, OR FAX COMPLETED APPLICATION TO: Spine Intervention Society - Membership Department
120 E. Ogden Ave. Ste. 202 | Hinsdale, Illinois 60521 | membership@spinalinjection.org | fax 415.457.3495

Spine Intervention Society
phone 630-203-2252 | U.S. toll free 888.255.0005 | www.spineintervention.org