

LSU Health Sciences Center – Shreveport
JOHN C. MCDONALD SURGICAL SOCIETY
P.O. Box 33932
Shreveport, LA 71130

DATE: _____

MEMBERSHIP ELIGIBILITY: Any qualified surgeon who is certified by the American Board of Surgery, Inc, or is a Fellow of the American College of Surgeons. Membership designation will be based upon active, honorary, senior and candidate membership status.

Name in full: _____

Address: _____

Email: _____ Home Phone: _____ Work: _____

Medical School: _____ Degree: _____ Year: _____

Internship: _____ Inclusive Dates: _____

1) SURGICAL RESIDENCIES

Hospital and Location	Inclusive Dates
_____	_____
_____	_____
_____	_____

2) MILITARY SERVICE (Inclusive dates of duty) _____

3) OTHER SPECIAL TRAINING on full-time basis (Basic Science, Fellowship)

Institution and Location	Type of Work	Inclusive Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

4) OPERATIVE EXPERIENCE

I have been operating independently for a total of _____ years.

During the past year, I have performed a total of _____ Major operations.

5) MEDICAL SOCIETY MEMBERSHIPS

_____	_____
_____	_____
_____	_____

6) PAPERS PUBLISHED (please attach portion of CV if needed)

7) AMERICAN COLLEGE OF SURGEONS

Date of Fellowship Initiation _____

8) BOARD CERTIFICATIONS (Date, Specialty and Certificate No.)

Member Applicant Signature _____