



Michigan Society of Thoracic & Cardiovascular Surgeons

Physician Membership Application

MEMBERSHIP (Surgeon) - Annual dues \$300 (Payable upon acceptance)

- Thoracic and cardiovascular surgeons certified by the American Board of Thoracic Surgery, and those who are certified by the American Osteopathic Association as having satisfied the thoracic and cardiovascular training requirements of the American Osteopathic Association (AOA) and/or the American College of Osteopathic Surgery (ACOS) shall be eligible for Active membership.
- Provide names of two licensed thoracic/cardiovascular surgeons outside your own group who will provide references for this application.

SENIOR MEMBERSHIP – Annual Dues - NO FEE

- Same qualifications as Surgeon and Non-Surgeon membership
- All members who have attained age 65 and remain in active practice

RETIRED MEMBERSHIP – Annual Dues – NO FEE

- Must be retired from Active membership
- MSTCVS must receive notification of retirement

MEMBERSHIP (Candidate & Pre-Candidate) – NO

- Currently enrolled in an accredited thoracic surgery educational program.
- Currently enrolled in an accredited medical school, or enrolled in a general surgery educational program.
- Have completed training in an approved thoracic and cardiovascular residency program.
- Are in the process of acquiring certification in thoracic surgery by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery in Thoracic and Cardiovascular Surgery.

To apply for membership, simply complete and return the following:

1. The attached Application for Membership
2. A copy of your CV
3. A copy of your general & thoracic surgery certificate
4. If retired; notification stating you are retired

Please email the above documents to admin@mstcvs.org

Contact Melanie Weidmayer, MSTCVS Executive Director at the above email address with any questions regarding the application process.



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Physician Membership Application

Active Active (Non Surgeon) Senior Member Retired Member

Name:

Last

First

Middle

Mailing Address:

Street

City

Zip

Phone #:

E-Mail address:

Place of Birth:

Date of Birth:

Practice

Name/Institution:

Education/Experience

School/Location/Degree

Dates

Premedical Education		
Medical Education		
Internship		
Residency/Other Graduate		
Practice Experience (since residency)		
(attach addition sheet if necessary)		

Board Certifications

Date of Certificate

Certificate Number

American Board of Surgery		
Board of Thoracic Surgery		
Royal College of Surgeons		
Other Professional Memberships (attach additional sheet if necessary)		

Date licensed to practice in Michigan: _____ Medical License #: _____

List two licensed thoracic/cardiovascular surgeons who will provide references for this application.

1. _____

2. _____

Signature: _____ Date: _____