

CONGRESS OF NEUROLOGICAL SURGEONS



RESIDENT MEMBERSHIP APPLICATION

The Congress of Neurological Surgeons exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange.

BENEFITS:

- Complimentary subscription to *NEUROSURGERY*[®], the official CNS journal, *Operative Neurosurgery*, a supplement to *NEUROSURGERY*[®], *Congress Quarterly*, the official CNS news magazine, and *Clinical Neurosurgery*.
- Access to valuable education opportunities including CNS Fellowship Awards and the 3-D Surgical Anatomy Course for Senior Residents.
- Discounts on **sans Lifelong Learning** - an online self-assessment tool.
- Complimentary access to CNS University, featuring more than 40 online courses and webinars.
- Access to neurosurgical opportunities through the online Job Placement Service.
- Connect with other up and coming neurosurgical leaders through CNS Young Neurosurgeons Directory.
- Reduced registration fee for CNS Annual Meeting.
- Complimentary housing at CNS Annual Meeting on a first come, first served basis.
- Complimentary Ticket to Opening Reception at the Annual Meeting.

REQUIREMENTS

- Be a resident in good standing in a neurological training program in North America approved by the American Board of Neurological Surgery, the Royal College of Physicians and Surgeons in Canada, or the Mexican Council of Neurological Surgery; or in a fellowship immediately following completion of a neurological surgery-training program. **(Residency must have been completed at an accredited program within North America.)**
- A signed letter from the applicable program or fellowship director that the applicant is a resident or fellow in good standing.

DUES:

Resident membership is provided completely complimentary through educational grants. Please note: Residents in Canadian and Mexican programs must submit a one-time fee of \$25 via credit card, check, or money order (must be in U.S. dollars drawn on a U.S. bank), made payable to the Congress of Neurological Surgeons and sent to:

Congress of Neurological Surgeons
10 N. Martingale Road, Suite 190
Schaumburg, IL 60193 USA

Phone: 001 847 240 2500
Fax: 001 847 240 0804
Email: info@1cns.org



APPLICATION FOR RESIDENT MEMBERSHIP

I. BIOGRAPHICAL

Name: Last _____ First _____ Middle _____

Date of Birth (MM/DD/YYYY): _____ Citizenship/Nationality: _____

OFFICE: _____

PHONE: _____ FAX: _____

EMAIL: _____

HOME: _____

PHONE: _____ EMAIL: _____

No, do not send me CNS product and service updates and information via email.

No, do not display my address in the CNS Online Member Directory.

Please send correspondence to this address: work or home.

Medical School: _____ Date of Graduation: _____

Degrees: _____ Other Neurosurgical Society Memberships: _____

II. RESIDENCY PROGRAM

Neurosurgical Training Program: _____

Department/Division: _____

Date of Graduation: _____

Program Director: _____

Program Director's Contact Information

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____ Fax: _____

_____/_____
RESIDENCY PROGRAM DIRECTOR SIGNATURE

DATE

_____/_____
RESIDENT SIGNATURE (Required for application processing)

DATE



**CONGRESS OF NEUROLOGICAL SURGEONS
AUTHORIZATION AND RELEASE**

1. Authorization: I hereby authorize the Congress of Neurological Surgeons (hereinafter referred to as the “Congress”) and its board of directors, membership committee, professional conduct committee, or any of their employees and agents (each a Congress representative) to: consult or make inquiry of any physician, hospital, health system, medical school, medical training program, medical association, specialty board, licensing authority, professional liability insurance carrier, broker or agent, personal reference, individuals and/or organizations concerned with provider performance and the quality and efficiency of patient care, and individual or organization who has been associated with me and/or who has information bearing on my ability, training, education, professional ethics, character, emotional stability, professional liability experience, and other qualifications pertinent to membership in the Congress;

AND inspect and obtain copies of all records and documents that may be material to evaluating my professional qualifications, competence, ethical standards and practice patterns or otherwise related to qualifications pertinent to membership in the Congress.

2. Release: I hereby authorize and consent to the release of information by: each individual and organization who provides information to the Congress or its representative in good faith concerning my ability, training education, professional ethics, character, emotional stability, professional liability experience, and other qualifications pertinent to membership in the Congress, including otherwise privileged or confidential information;

AND the Congress and representatives to any physician, hospital, medical school, medical training program, medical association, specialty board, licensing authority, professional liability insurance carrier, broker or agent, personal references, and individuals or organizations concerned with provider performance and the quality and efficiency of patient care, any information relevant to such matters that the Congress or its representatives may have concerning me regarding my ability, training, education, professional ethics, experience and other qualifications pertinent to membership in the Congress.

3. Indemnification: I hereby discharge from any liability and agree to indemnify, defend and hold harmless from any liability (including reasonable attorney’s fees and expenses) all:

Individuals and organizations who provide information to Congress in good faith, including otherwise privileged or confidential information; and Congress and Congress representatives For their acts performed in good faith in connection with obtaining or providing information about me and evaluating my credentials and qualifications.

I hereby agree that no information obtained by the Congress or its representatives pursuant to any pre-application, application or re-application process shall be subject to discovery, subpoena or other means of legal compulsion for release by me or my agents.

4. Truth and accuracy of information: I hereby certify that all information submitted by me to the Congress (whether in an application, CV or otherwise) is true to my best knowledge and belief. I understand and agree

- (i) to update the Congress so that all information contained in my application for membership remains true at all times; and
- (ii) that providing false or misleading information shall be grounds for denial or termination of membership in the Congress without right to further process.

5. Membership Dues and Assessments: I hereby acknowledge financial responsibility to timely pay all membership dues and other financial assessments imposed on my by the Congress.

6. Membership Pledge: I pledge that at all times while I am a member of the Congress to uphold the ideals and goals of the Congress and to continuously strive to provide quality and efficient care to my patients in a cost effective manner.

A photocopy of this form shall suffice as an original for the purpose of authorizing release of information.

Signature

Date