Application Form

Resident/Fellow Board Representative

Contact Information

Last (Family) Name	
Middle Initial	
First (Given) Name	
Professional Affiliation/Institution	
Address Line 1	
Address Line 2	
City	
U.S. State/Canadian Province	
Country (If outside U.S.)	
Zip Code	
Postal Code	
Telephone	
Cell Phone	
Email	

ASLMS Membership Verification

Resident/Fellow Board Representative candidates must be an ASLMS member in good standing. Please provide join date.

Candidate Platform

Please provide 3-5 sentences on what you can bring to ASLMS.

Service to ASLMS

Please indicate if you have attended our Annual Conferences, courses, served on committees, submitted abstracts, submitted manuscripts to *Lasers in Surgery and Medicine,* etc.

Education Background

Residency Program ☐

Fellowship Program ☐

Expected Completion Date:

Please provide degree(s) obtained, institution(s) attended, and year(s) attended.

Residency Year (medical/surgical residents)

Awards/Accomplishments

Future Goals

Supervisor's Contact Information (must be an ASLMS member)

Last (Family) Name	
Middle Initial	
First (Given) Name	
Professional Affiliation/Institution	
Address Line 1	
Address Line 2	
City	
U.S. State/Canadian Province	
Country (If outside U.S.)	
Zip Code	
Postal Code	
Telephone	
Email	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I have read and understand the terms and conditions as outlined on the Resident/Fellow Ambassador Position Description. I further understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Electronic Signature (name typed)	
Date	

Our Policy

It is the policy of ASLMS to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Submit a completed application, curriculum vitae, letter of recommendation from the program director or chair, and a letter of recommendation from an instructor who is an ASLMS member in good standing to:
Miranda Buck
ASLMS
100 N. 72nd Ave.
Wausau, WI 54401
miranda@aslms.org