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## **ASRS Membership Requirements:** \_\_\_\_\_

### **Fellow-In-Training Member**

A physician who has completed an approved residency in ophthalmology, and is currently engaged in a one or two year fellowship in vitreo-retinal diseases.

The Fellow is to be recommended by their fellowship director, who must be an active member of the ASRS.

Fellow-In-Training Members shall pay annual dues at a reduced rate from those set for full members.

A Fellow-In-Training Member shall be ineligible to hold office, or have the right to vote.

Fellow-In-Training Members shall be allowed to hold status in this membership category for a maximum of two years.

The Board of Directors may waive any above requirement upon request.

## **Application Instructions:** \_\_\_\_\_

The applicant should submit the following **three items** for consideration of membership in the ASRS:

- *The completed application form.*
- *A copy of current curriculum vitae.*
- *Letter of recommendation from fellowship director.*

**Completed applicants are considered and inducted for membership on a monthly basis.**

## **All correspondence should be sent to:** \_\_\_\_\_

**Tarek S. Hassan, MD**  
Chairperson, Credentials Committee  
ASRS  
20 N. Wacker Drive  
Suite 2234  
Chicago, IL 60606 USA

Additional information concerning the membership application process can be obtained from:

**Michelle Adams**  
Director of Education and Training  
Phone: +1 312-578-8760  
Fax: +1 312-578-8763  
Email: [members@asrs.org](mailto:members@asrs.org)

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ASRS

AMERICAN SOCIETY OF RETINA SPECIALISTS

# Fellow-In-Training Membership Application

## Contact Information

Please Type or Print Clearly			
Last Name	First Name	Middle Initial	
Mailing Address: (Work)			
City	State	Zip	Country
Phone (    )	Fax (    )	E-mail:	
Country of Citizenship			

## Education

College:	City / State / Country	Degree	Date Graduated
Medical School:	City / State / Country	Degree	Date Graduated
Internship:	City / State / Country	Date Completed	Type of Internship
Ophthalmology Residency:	City / State / Country	Date Completed	Program Director or Chairperson
Retinal Fellowship:	City / State / Country	Date Completed	Program Director
Additional Fellowship:	City / State / Country	Date Completed	Program Director

## State Licensure

State	Date

## Name of Current Program Director(s)

Name:	City / State / Country
Name:	City / State / Country

*I attest that the information provided by me in this application is true and correct. I understand that any misstatements, inaccuracies, or omissions from this application or failure to provide complete and accurate information may delay the consideration of my application or cause my application to be denied.*

Signature

Date