International Society for Minimal Intervention in Spinal Surgery

ISMISS – www.ismiss.com

AFFILIATED TO SICOT

Membership Application

Personal Data:

Names: ....
(Last/Family) (First) (Middle)

Office Address: ....
Office Phone: .... Fax: ....
e-mail: ....
Residence Adress: ....
Residence Phone: .... Fax: ....

Date of Birth: .... Place of Birth : ....
Citizenship: ....
Marital Status: .... Name of Spouse : ....

EDUCATION

University: ....
Degree: .... Year: ....
Internship, Residency. Fellowship etc., List in chronological order : (ev. add separate sheet)
....
....
....
....
....

MEDICAL LICENSE List countries where you are licensed to practice medicine

....
(Country) (License #) (Date License issued)
....
(Country) (License #) (Date License issued)
....
(Country) (License #) (Date License issued)

Has your license to practice in any jurisdiction ever been limited, suspended or revoked ?
Yes/No : ...... If so, attach explanatory letter.

Has any hospital reduced, restricted, suspended, terminated or requested you to resign all or any position of your staff privileges or any such actions pending against you at the present time ?
Yes/No : ...... If so, attach explanatory letter.

References

Please list two orthopaedic surgeons or neurosurgeons or physicians in your particular field of medicine who are familiar with your work and request that they forward their recommendation directly to the ISMISS offices.

....
(Name and Address)
....
(Name and Address)

Certification

National Board of Orthopaedic Surgeons ....
(Country) (Date Issued)
National Board of Neurosurgeons ....
(Country) (Date Issued)

Current Hospital Appointments

....
(Hospital and Address)

....
(Hospital and Address)

Medical School Academic Appointments

....
(Name of School) (Position) (Dates)

....
(Name of School) (Position) (Dates)

Medical Society Memberships

Are you a member of SICOT ? Yes/No: ...... Year of nomination : ......

If no, do you wish to apply for membership ? Yes / No: ......

Other memberships:

Local: ....
National: ....
International: ....

In making this application, I agree to abide by the Bylaws and the rules and regulations of the INTERNATIONAL SOCIETY FOR MINIMAL INTERVENTION IN SPINAL SURGERY. I authorize ISMISS and its representatives to consult with individuals or institutions with which I have been associated in regard to my character, ethics and professional competence. I hereby release from liability all representatives of the INTERNATIONAL SOCIETY FOR MINIMAL INTERVENTION IN SPINAL SURGERY, and the individuals and organizations who have provided information about malice in connection with the evaluation of my application. I hereby consent to release of such informations. I accept to pay, beside an initial registration fee of US$ 50.-, the annual dues of US$ 50.-, payable to „Hansjoerg Leu (Beneficary), with remark: "transfer annual ISMISS fee", at Zuercher Kantonalbank, CH-8010 Zurich, IBAN CH2700700130000670103, Account No. 1300-00670.103, SWIFT-Adr. (BIC) ZKBKCHZZ80A, Clearing-Nr. 700" as soon as my membership is confirmed by the respective secretary.

....
(Date) (Signature)

Please annex your udated actual publication list. Then return this documentation as a complete application to: INTERNATIONAL SOCIETY FOR MINIMAL INTERVENTION IN SPINAL SURGERY at the respective secretary's office to :

For America :

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1001 Newbury Road, Nb-Park
CA-01320 Newbury Park
California – U.S.A.

Fax: 001 805 375 79 75

chiu@spinecenter.com

For Asia :

Hiroaki Nakamura, M.D.
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JP-545-0016 Osaka
Japan

Fax: 0081 6 6646 8585

hnakamura@med.osaka-cu.ac.jp

For Europe :

Hj.Leu, PD Dr.med.
WSC-Clinic, Witellikerstr. 40,
CH-8032 Zürich
Switzerland

Fax: 0041 44 387 37 58

ismiss.europe@bluewin.ch

please forward email-copies of your electronic form application to each of all three offices and send the original to the office of your area