



CACS Application

WHO WE ARE

The California Academy of Cosmetic Surgery (CACS) was first initiated in 1997 as an independent chapter of the American Academy of Cosmetic Surgery (AACS). Dedicated to the advancement of patient care in cosmetic surgery, the CACS represents a multi-disciplinary assembly of physicians and surgeons.

WHAT GUIDES US

The leadership of the CACS is made up of a Board of Trustees guided by an established set of bylaws. The Board meets formally at least twice a year, holds monthly teleconferences, and participates in other Board meetings as needed. An annual educational and directional meeting has been held since 1998 and continues to grow with the organization. All licensed physicians who share an interest in cosmetic surgery are eligible for membership in the CACS.

WHAT WE BELIEVE

In order to insure optimal patient care, the CACS provides educational and advocacy resources to all interested physicians. As a liaison between the AACS and the Medical Board of California (MBC), the CACS has been involved in patient safety issues (e.g. liposuction guidelines), legislative issues (e.g. office surgical suite accreditation), and regulatory processes (e.g. Board Certification equivalency issues). The CACS continues to monitor state legislative activities and foster positive relationships within the government.

BENEFITS OF MEMBERSHIP

In addition to public and legislative representation, the CACS is dedicated to the advancement of patient care in cosmetic surgery through physician education.

- Certificate of membership
- CME credit and discounted fees for all Academy-sponsored meetings
- Membership Directory listing
- Complimentary subscription to *California Cosmetic Surgeon*, a quarterly newsletter about CACS events and cosmetic surgery issues
- Listing on CACS website's surgeon finder
- New member listing in *California Cosmetic Surgeon* (following admission to the Academy)

BENEFITS OF CACS ACTIVE MEMBERSHIP ONLY

All of the above plus:

- Complete website listing and profile, including website link from Academy's site
- Committee assignments, leadership opportunities and voting privileges

Categories of Membership

ACTIVE MEMBER

Upon approval by the Board of Trustees, CACS Active Membership may be granted to a physician (MD or DO), or to a dentist, (DDS or DMD), Board Certified by the American Board of Oral and Maxillofacial Surgery (ABOMS), or an ABOMS Candidate, practicing in the USA, Canada, or Mexico, who holds a license in good standing with their respective licensing board. Active members are eligible to vote and hold elective office.

Application requirements:

- Curriculum Vitae
- Copy of board certification
- Copy of valid medical license
- Endorsement form

RESIDENT MEMBER

Resident membership may be granted to any physician who is participating in active residency or fellowship training and who has an interest in the field of cosmetic surgery. The only membership rights of the Resident shall be to receive the CACS newsletter and notice of and to attend membership meetings and other functions conducted by the Academy. Residents shall not have the right to vote. Residents membership dues are waived until completion of their residency or training program. After that time they will be obligated to apply for an upgrade to Active Member status.

Application requirements:

- Curriculum Vitae
- Copy of current medical license
- Endorsement form (signed by residency or fellowship director including start and end dates of program)

AFFILIATE MEMBER

Affiliate membership may be granted to staff members of the members of the CACS and shall not have voting privileges. Affiliate members will pay one half active membership dues annually.

Application requirements:

- Curriculum Vitae
- Letter of recommendation (by CACS member)

APPLICATION PROCESS

Upon receipt of a completed application and dues fee, the application is forwarded to the Membership Committee for review. The Membership Committee recommends approval of applications to the Board of Trustees, provided all requirements are met. You will be notified by email approximately two to three weeks following submission of your application. Your membership certificate will follow shortly after, upon approval.

CACS Membership Application

FULL NAME _____

Last

First

Middle Initial

Title

MEDICAL DEGREE: MD DO DDS DMD

BUSINESS ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

WEBSITE _____

LICENSE INFORMATION:

MEDICAL NUMBER _____ STATE _____ DATE OBTAINED _____

DENTAL NUMBER _____ STATE _____ DATE OBTAINED _____

IS YOUR LICENSE IN EFFECT AND UNRESTRICTED? YES NO (*Please explain on separate sheet*)

SPECIALITY OF CURRENT OR COMPLETED RESIDENCY _____

BOARD CERTIFIED? YES NO WHICH BOARD(S)? _____

DATE(S) CERTIFIED _____

ABMS AREA(S) OF SURGICAL TRAINING _____

ANY CURRENT OR PREVIOUS MALPRACTICE SUITES? YES (*Please explain on separate sheet*) NO

ANY CURRENT OR PREVIOUS DISCIPLINARY ACTIONS? YES (*Please explain on separate sheet*) NO

ACTIVE MEMBERSHIP IN (*check all that apply*)

American Medical Association American Dental Association American Osteopathic Association
 American College of Surgeons Other (*list here*) _____
 Other (*list here*) _____

PRIMARY SPECIALTY (*please indicate here*)

Cosmetic Surgery Dermatology General Surgery
 Obstetrics and Gynecology Ophthalmology Oral and Maxillofacial Surgery
 Otolaryngology Plastic and Reconstructive Surgery
 Other (*list here*) _____

CACS Membership Application

I agree that membership in CACS is a privilege, not a right. I recognize that the contents of this application will be seen by individuals working in and for CACS. I agree to return my certificate of membership if my license to practice medicine or dentistry is revoked, suspended, or limited beyond its present state, or if membership is revoked or terminated for such other cause as may be deemed appropriate in the bylaws of the Academy. Moreover, I acknowledge that membership in CACS does not qualify me as a certified physician to practice cosmetic surgery and that membership in said Academy is for educational purposes to advance knowledge, experience and skills. I hereby acknowledge and authorize use of the information provided for dissemination of information from or approved by CACS which it deems germane to my practice.

Name (please print) _____

Signature _____ Date _____

Note: Dues rates and fees for the Academy are determined by the members of the Board of Trustees and can change without any prior notification, written or otherwise. CACS holds all rights and privileges to determine and set dues and application fees as appropriate.

DUES

Active Member\$250.00

Affiliate.....\$125.00

Resident.....FREE MEMBERSHIP

Note: Should the applicant fail to complete the requirements for membership within one year from the date the application is received at CACS headquarters, any fees paid will remain the property of the Academy.

I AM APPLYING FOR MEMBERSHIP IN THE CATEGORY OF:

ACTIVE MEMBER AFFILIATE RESIDENT

PAYMENT INFORMATION:

MASTERCARD VISA CHECK (payable to CACS)

Credit Card # _____ Expiration Date _____

Name on card _____ Security Code _____

Signature _____ Date _____

Complete and return the attached membership application and payment to:

CALIFORNIA ACADEMY OF COSMETIC SURGERY | 5482 Parrolette Court | Oceanside, CA 92057
PHONE 760.529.5960 | FAX 760.757.4223 | E-MAIL: info@calcosmeticsurgery.org
WEBSITE: www.calcosmeticsurgery.org

Membership Endorsement Form

The membership endorsement form must contain a printed name and signature from a physician endorsing you for Membership. Please be sure to include all required information before submitting.

Active Member, Affiliate applicants need to forward the enclosed Membership Endorsement Form to a current member of the California Academy of Cosmetic Surgery, a Chief of Surgery/Staff of a hospital, or another medical professional colleague you have known for two (2) or more years.

Resident applicants must submit the enclosed Membership Endorsement Form from their Residency / Clinical Training Program Director. The form must also include the beginning and completion dates of their training program.

To be completed by Applicant

FULL NAME _____

<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	<i>Title</i>
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MEDICAL DEGREE: MD DO DDS DMD

APPLYING FOR MEMBERSHIP IN CATEGORY

ACTIVE MEMBER AFFILIATE RESIDENT

To be completed by Endorser

I recommend the above named physician for membership into the California Academy of Cosmetic Surgery

Name (please print) _____

Signature _____ Date _____

RELATIONSHIP TO APPLICANT

- Active Member, California Academy of Cosmetic Surgery
- Chief of Surgery / Staff of attending hospital
- Medical Professional Colleague—Number of Years Known _____
- Residency/Fellowship Director Program Start Date _____ Program End Date _____
- Other _____

PLEASE FAX OR MAIL THIS FORM TO:

California Academy of Cosmetic Surgery

5482 Parrolette Court

Oceanside, CA 92057-1907 USA

Phone: 760.529.5960 Fax: 760.757.4223

E-mail: info@calcosmeticsurgery.org