

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS



American
Association of
Neurological
Surgeons

5550 Meadowbrook Industrial Court
Rolling Meadows, Illinois 60008
Phone: 847/378-0500
Toll free: 888-566-AANS

CANDIDATE/RESIDENT MEMBER APPLICATION

****NORTH AMERICAN RESIDENTS ONLY****

SECTION I – PERSONAL INFORMATION

Name (in full): _____
First M. Last Suffix Degree

Preferred Mailing Address: _____
(please check one) Street Apt./Suite #/Room #

- Business
 Home

City State/Zip or Postal Code Country

Business Phone: (_____) _____ Cell Phone: (_____) _____
Area Code Area Code

Fax Number: (_____) _____ Date of Birth: _____ NPI #: _____
Area Code

E-mail Address*: _____

Please keep me informed with emails regarding:

AANS/CNS Sections Annual Meeting Educational Resources NREF Grants NeuroPoint Data News & Updates

SECTION II - PROFESSIONAL EDUCATION/NEUROSURGICAL TRAINING

NEUROSURGICAL RESIDENCY TRAINING

Start Date: Expected End Date:

Institution: _____ / _____ to _____ / _____
month year month year

Please check one: PGY-1 PGY-2 Other: PGY- ____

YOUR PROGRAM DIRECTOR MUST SIGN THE FOLLOWING STATEMENT:

I certify that the doctor named on this form is a resident enrolled in a neurosurgical residency training program approved by the Accreditation Council for Graduate Medical Education, The Royal College of Physicians and Surgeons (Neurosurgery) of Canada, The Mexican Council of Neurological Surgery, A.C., or an AOA-approved OGME neurosurgical residency program.

Program Director (Please Print)

Program Director Signature

SECTION III – CERTIFICATION

I hereby certify that, to the best of my knowledge, the information I provided on this form is true and complete.

Signature

Date

Please email completed form to memberservices@aans.org