



Congress of Neurological Surgeons

ACTIVE MEMBERSHIP APPLICATION

The Congress of Neurological Surgeons (CNS) exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange.

BENEFITS:

- Complimentary subscription to *Neurosurgery*, *Operative Neurosurgery*, *Congress Quarterly*, and *Clinical Neurosurgery*
- Complimentary access to The Surgeon's Armamentarium, an advanced digital search platform that provides customized search results from the archives of the NEUROSURGERY® Publications
- Discounts on our online SANS Lifelong Learning self-assessment tools, including: SANS: Indications, SANS: General, SANS: Specialty Module Bundle, SANS: Written Board Modules, and more
- Access to our Online Education Catalog with more than 100 online courses and discounted webinars for members, in addition to more than 100 annual meeting recorded sessions
- The free CNS Guidelines App, with immediate, point-of-care access to guideline recommendations and topic overviews, along with links to full text, for all CNS-produced evidence-based clinical practice guidelines
- Access to the Neurosurgery Survival Guide (NSG) App, a trusted quick reference guide that encompasses the massive breadth of knowledge and information needed when caring for neurosurgery patients
- Complimentary access to Nexus, the CNS' comprehensive, case-based repository of neurosurgical operative techniques and approaches
- Exclusive member rates at the CNS Annual Meeting—and all live courses
- Volunteer leadership opportunities through an extensive array of committees
- Online management of CME credit, member account, and meeting participation

REQUIREMENTS: An applicant for Active Membership in the Congress of Neurological Surgeons must be a licensed physician whose practice is substantially limited to neurological surgery. Further, an applicant for Active Membership must:

- Be certified by the American Board of Neurological Surgery, The Royal College of Physicians and Surgeons of Canada, or the Mexican Council of Neurological Surgery; OR
- Have completed the residency training requirements of a program accredited by the Accreditation Council for Graduate Medical Education; OR
- Have acceptable academic training equivalent to the requirements for eligibility for examination by the American Board of Neurological Surgery; OR
- Have an outstanding record in the field of neurological surgery over a period of years, due to the high standard of quality of the applicants work; AND
- Be a member in good standing in the applicant's local or regional medical society or equivalent documentation of good standing in local medical community (e.g. active hospital privileges) except for applicants who are officers in the Armed Forces; and have a record consistent with the highest standards of the profession.

DUES: The annual fee for CNS Active Membership is \$675 (U.S. currency) plus a one-time processing fee of \$25 (U.S. currency). After your application has been reviewed and approved by the CNS Membership Committee, a dues invoice will be sent to you. Please do not remit any money at this time. For more information about CNS please visit www.cns.org.

To learn more about CNS member benefits or to apply online, please visit: <https://www.cns.org/about-us/membership/active-membership>

APPLICATION FOR ACTIVE MEMBERSHIP

BIOGRAPHICAL:

Name: _____ Date of birth: (MM/DD/YYYY) _____ Place of birth: _____ Citizenship: _____

Telephone No.: _____

Residence Address: _____

City, State, Zip: _____

Telephone No.: _____ Email address: _____

Organization: _____

Address: _____

City, State, Zip: _____

Fax: _____

No, do not display my email address in the CNS Online Member Directory.

No, do not send me CNS product and service updates and information via email.

Please send correspondence to this address: Work or Home

II. TRAINING:

Medical School: _____

Date of Graduation: _____ Degree: _____

Internship: Type: _____

Neurosurgical Residency Training: _____

Position(s) held: _____ Dates Attended: _____

Name, address, email and telephone of Program Director (Chief of Service) during residency:

Name: _____

City, State, Zip: _____

Address: _____

Email: _____

Other Residency/Fellowship training (please list dates and position(s) held):

Other neurosurgical training (please list dates and position(s) held):

III. MEMBERSHIP, CERTIFICATION AND PRACTICE:Are you a member of the American Medical Association? Yes NoIs your practice limited to Neurosurgery? Yes NoAre you ABNS eligible? Yes NoAre you certified by the ABNS? Yes No

What year did the certification take effect? _____

Are you certified in neurosurgery by another examining body? Yes No

Name: _____ Start Date: _____

Local or Regional Medical Society Membership or hospital privileges

Name: _____ Start Date: _____

State, Regional, or Provincial Neurosurgical Society Membership

Name: _____ Start Date: _____

Are you licensed to practice medicine? (Required) Yes No

Issued _____ Valid through _____ State: Issued _____ Valid through _____

PRACTICE TYPE

Academic

Private-Group

Government

Private-Solo

Academic/Private

Military

Retired

Other

IV.

LIST OF PUBLICATIONS: _____

ACADEMIC POSITIONS CURRENTLY HELD:

_____MEMBERSHIP IN ADDITIONAL NEUROSURGICAL SOCIETIES:



Congress of Neurological Surgeons

AUTHORIZATION AND RELEASE

1. Authorization: I hereby authorize the Congress of Neurological Surgeons (hereinafter referred to as the "Congress") and its board of directors, membership committee, professional conduct committee, or any of their employees and agents (each a Congress representative) to: consult or make inquiry of any physician, hospital, health system, medical school, medical training program, medical association, specialty board, licensing authority, professional liability insurance carrier, broker or agent, personal reference, individuals and/or organizations concerned with provider performance and the quality and efficiency of patient care, and individual or organization who has been associated with me and/or who has information bearing on my ability, training, education, professional ethics, character, emotional stability, professional liability experience, and other qualifications pertinent to membership in the Congress;

AND inspect and obtain copies of all records and documents that may be material to evaluating my professional qualifications, competence, ethical standards and practice patterns or otherwise related to qualifications pertinent to membership in the Congress.

2. Release: I hereby authorize and consent to the release of information by: each individual and organization who provides information to the Congress or its representative in good faith concerning my ability, training education, professional ethics, character, emotional stability, professional liability experience, and other qualifications pertinent to membership in the Congress, including otherwise privileged or confidential information;
AND the Congress and representatives to any physician, hospital, medical school, medical training program, medical association, specialty board, licensing authority, professional liability insurance carrier, broker or agent, personal references, and individuals or organizations concerned with provider performance and the quality and efficiency of patient care, any information relevant to such matters that the Congress or its representatives may have concerning me regarding my ability, training, education, professional ethics, experience and other qualifications pertinent to membership in the Congress.

3. Indemnification: I hereby discharge from any liability and agree to indemnify, defend and hold harmless from any liability (including reasonable attorney's fees and expenses) all:

Individuals and organizations who provide information to Congress in good faith, including otherwise privileged or confidential information; and Congress and Congress representatives For their acts performed in good faith in connection with obtaining or providing information about me and evaluating my credentials and qualifications.

I hereby agree that no information obtained by the Congress or its representatives pursuant to any pre-application, application or re-application process shall be subject to discovery, subpoena or other means of legal compulsion for release by me or my agents.

4. Truth and accuracy of information: I hereby certify that all information submitted by me to the Congress (whether in an application, CV or otherwise) is true to my best knowledge and belief. I understand and agree

- (i) to update the Congress so that all information contained in my application for membership remains true at all times; and
- (ii) that providing false or misleading information shall be grounds for denial or termination of membership in the Congress without right to further process.

5. Membership Dues and Assessments: I hereby acknowledge financial responsibility to timely pay all membership dues and other financial assessments imposed on my by the Congress.

6. Membership Pledge: I pledge that at all times while I am a member of the Congress to uphold the ideals and goals of the Congress and to continuously strive to provide quality and efficient care to my patients in a cost effective manner. I confirm that I have not had any previous disciplinary actions (e.g.: loss of membership in other medical societies, etc.) and I am committed to an ethical medical practice.

A photocopy of this form shall suffice as an original for the purpose of authorizing release of information.

By signing this form, you agree that the CNS can retain this information for the purposes of communication and service support set out in our Privacy Policy, which can be viewed at <https://www.cns.org/privacy-policy>. If you do not want your information retained, please email privacy@cns.org.

Signature

Date