

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/FELLOW MEMBER APPLICATION

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/FELLOWSHIP

FELLOWSHIP TRAINING PROGRAM (RESEARCH FELLOWS ARE NOT ELIGIBLE)

Institution Start Date End Date
_____/_____/____ to ____/____/____
month year month year

Fellowship Subspecialty: _____

Medical Specialty (if you did not complete a neurosurgical residency): _____

YOUR FELLOWSHIP DIRECTOR MUST SIGN THE FOLLOWING STATEMENT:

I certify that the doctor named on this application is enrolled in a neurosurgical training program approved by the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons (Neurosurgery) of Canada or the Mexican Council of Neurological Surgery, A.C. and is in a clinical neurosurgical fellowship performing surgery and seeing patients.

Fellowship Director (Please Print)

Fellowship Director Signature

SECTION III – CERTIFICATION

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

Signature: _____ Date: _____

Please email completed form to memberservices@aans.org.