![ASPS-Color_JPEG_Logo_for_Online_Use[1]]()![PSF-Color_JPEG_Logo_for_Online_Use[1]]()

**INTERNATIONAL SCHOLAR PROGRAM APPLICATION**

 ***for funding in 2020/2021***

The American Society of Plastic Surgeons (ASPS) / The Plastic Surgery Foundation's (The PSF) International Scholar Program enables plastic surgeons from abroad to study at host plastic surgery institutions in the United States for three to six months. The plastic surgeon must be in the developmental stage of their studies, have completed their plastic surgery training and have flexibility to travel and study at more than one institution. The focus of this study may be clinical, research, or a combination of the two.

Please note that past International Scholar award recipients are ineligible for repeat scholarships due to the great need to train doctors internationally and limited resources. Please note that the ASPS/PSF International Scholar Committee will review applications and make final selections for participation.

Application must be submitted along with a **one-page written essay** to accompany the application describing the reasons for wishing to become an International Scholar and how the experience will help the citizens of their native country, documentation confirming completion of an approved training program in plastic surgery, **two letters of sponsor** by their local or regional plastic surgery society and/or by their department chairman, **CV (Resume)** and **headshot** to rvaladez@plasticsurgery.org, no later than July 31, 2019, for scholarships that will be awarded in January 2020 for travel between July 1, 2020, and June 30, 2021.

(Please begin typing in the shaded box and it will expand as you type.)

Date:

Last Name (Family or Surname):

First Name:

Middle Name:

Date of Birth (Month/Day/Year): Gender:

Nationality:

Citizenship:

Current Position and/or Title:

Hospital/Organization Name

**Business Address**

Street:

Suite/Apt. No.:

City:

State/Province:

Country:

ZIP/Postal Code:

Telephone: Country Code: Area Code:       Number:

Facsimile (Fax): Country Code:       Area Code:       Number:

Email Address:

**Academic Appointments**

Institution:

Dates:

Location:

Title/Rank:

Institution:

Dates:

Location:

Title/Rank:

**Education and Training**

**Undergraduate (College or University)**

Institution:

Location:

Year Graduated:

Highest Degree Obtained:

**Medical School**

Institution:

Location:

Year Graduated:

Highest Degree Obtained:

**Graduate School**

Institution:

Location:

Year Graduated:

Highest Degree Obtained:

**Residency (General Surgery)**

Institution:

Location:

Year Graduated:

Highest Degree Obtained:

**Residency (Plastic Plastic)**

Institution:

Location:

Year Graduated:

Highest Degree Obtained:

**Fellowship**

Institution:

Location :

Year Graduated:

Highest Degree Obtained: Cleft care Certificate of apprenticeship

**Certification**

Certifying Board (or equivalent) in Plastic Surgery:

Date of Certification (Month/Day/Year):

**Please describe your achievements and accomplishments in the ASPS/PSF international scholar program to help provide free, safe, high-quality plastic surgery care:**

**If you have a specific clinical or research project you would like to pursue in the United States as an International Scholar, please describe it below. Clearly define your objectives and the methodology that you would employ. Explain the significance of the project (s) to your plastic surgery and your own professional development.**

**Areas of Special Interest:**

Area(s) of Special Interest: (first choice)

Area(s) of Special Interest: (Second choice)

Area(s) of Special Interest: (Third choice)

**Honors and Awards:**

**Civic and Community Activities:**

**Professional Organizations and Societies:**

**Clinical and/or Research Interests and Special Expertise:**

**Presentations at Scientific Meetings:**

**Papers Published in Referred Journals:**

**Papers Published as Invited Articles or Chapters:**

**Books or Monographs Published:**

**Foreign Language Competency**

Lecture and Speak Fluent English*(yes/no)*:

**Visits/Travel Abroad During the Past Three Years**

Country/Area:

Purpose and Sponsorship: Dates of Stay:

Country/Area:

Purpose and Sponsorship:

Dates of Stay:

Country/Area: Purpose and Sponsorship:

Dates of Stay:

Country/Area:

Purpose and Sponsorship:

Dates of Stay:

**Have you ever visited or worked in the United States?**

**[ ]  Yes, please describe briefly** **[ ]  No**

***Optional:* If you have a specific clinical or research project you would like to pursue in the United States as an International Scholar, describe it below. Clearly define your objectives and the methodology you would employ. Explain the significance of the project(s) to plastic surgery and your own professional development. Use an additional plain white sheet of paper if necessary.**

**Title:**

**Project Description:**

***Optional:* If you have any personal preferences regarding host institutions/practice and/or preceptors, list them below. While every effort will be made to ensure your request, there are no guarantees you will be placed at this institution.**

**Institution/Practice:**

**Preceptor:**

Signature:

Date:

**Please enclose one photograph and your CV in English with your completed application, one-page written essay, two sponsor letters, NO LATER** **than July 31, 2019, for consideration of funding in 2020/2021. Applicants will be notified of the funding decision by October 21, 2019.**

**Submit this completed application and all supporting documents to:**

Romina Valadez (rvaladez@plasticsurgery.org)

**Questions? Please email Romina Valadez** rvaladez@plasticsurgery.org