



BECOME AN ASOP FELLOW

Are You Ready to Take the Next Step in Your Orthopedic Career?

Earn the FASOP Designation

► Why Become an ASOP Fellow?

- Fellow status is an honor that reflects your dedication to the field of orthopedics and signifies your allegiance to the profession.
- You are recognized by your colleagues in the Society as a member of a very select group.
- All newly appointed Fellows are publicly recognized at the ASOP Annual Meeting and Clinical Symposium.
- You will receive a certificate in recognition of your status.
- Recognize your commendable service to ASOP that demonstrated continued service to the Society in a leadership role with ongoing dedication.



► What are the Eligibility Requirements?

- Must be a current ASOP Member in good standing.
- Certification by the American Society of Orthopedic Professionals, National Board for Certification in the Orthopedic Specialties (one or both required above) as well as some other other healthcare related certification board/agency.
- Have demonstrated outstanding professional achievement service to the Society.
- Has demonstrated high standards of professional development and a commitment to the goals and long-range activities of the Society.
- Approval by the ASOP Honors & Awards Committee by April 1st.

► How Do I Apply?

If you meet all the requirements, complete the Fellowship application on the reverse side.

All applications must be submitted to the American Society of Orthopedic Professionals by February 15th



ASOP Fellowship Application

▶ Deadline:

Submit your completed application to ASOP by February 15th

SUBMIT the following application:
Email: ASOP.awards@gmail.com



Biographical Information

Last Name:	First Name:	MI:
Suffix:	Degree(s) (e.g., PhD, EdD, M.D., D.O.):	
Mailing Address:		
City:	State:	Zip Code:
Office Phone (with Area Code):	Home Phone (with Area Code):	
Email Address:		
Initial ASOP Membership Date (If known):		

Board Certification(s) (ATC, OPE, as examples)

Name of Board and Specialty:	
Date Certified:	Valid through:
Name of Board and Specialty:	
Date Certified:	Valid through:

Ethics

Please answer the following questions regarding ethics.

■ Has your license to practice ever been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Have you ever been held liable for civil or criminal sanctions by a regulatory or law enforcement body or by a professional society for illegal or unethical professional conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to any of the preceding questions, please provide details in a confidential communication to the ASOP Honors and Awards Committee Chair and attach details to this application.

Agreement

I will hold ASOP members, officers, employees, and agents free from all damage and complaint by reason of action taken on this Fellowship application or by reason of any subsequent action on membership, including the sharing between ASOP and subsequent committee members of information about my professional conduct.

By signing my name below, I certify that the above information is accurate, and I understand that inaccurate information can invalidate my application.

Signature: _____ Date: _____

Questions?

Contact ASOP Honors & Awards Committee at ASOP.awards@gmail.com

