



MEMBERSHIP APPLICATION

Name _____
Last First Middle

Permanent Address (Office) _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ FAX _____ E-mail _____
Please note that the above fields are all REQUIRED on your application

Date Of Birth _____ Place _____ Age _____ Sex _____

Preliminary Education:

College _____ Year _____ Degree _____

Medical Education:

College _____ Year _____

Internship:

Program _____ Years _____

Residencies:

Program _____ Years _____

Program _____ Years _____

Program _____ Years _____

Fellowships:

Program _____ Years _____

Program _____ Years _____

Percentage of Pediatric Urology _____

Hospital Staff Appointments:

Medical School or Teaching Appointments:

Year of Certification:

American Board of Urology _____

Royal College of Surgeons _____

Other (specify) _____

Active (not Affiliate or Associate) Member, American Urological Association?

Yes _____ No _____ Year joined _____

Year(s) taken Pediatric In-Service Exam _____

Please attach your most recent CV to the application. Your CV must include a full list of medical societies to which you belong as well as a list of your publications.

Society for Pediatric Urology member sponsoring this Application:

Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ FAX _____ E-mail _____

SIGNATURE OF SPONSOR _____

A signature from your sponsor is required

Society for Pediatric Urology members endorsing this Application:

I. Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ FAX _____ E-mail _____

II. Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ FAX _____ E-mail _____

Applications will not be considered complete if not accompanied by a letter from your sponsor and from each of the SPU members who is endorsing your application.

If the letters are being sent under separate cover please indicate here _____

If the letters are attached please indicate here _____

Applicant Signature

Date

*Please return your completed Application and Operative Log to:
Membership Chair, SPU
900 Cummings Center, Suite 221-U
Beverly, MA 01915*



MEMBERSHIP APPLICATION - OPERATIVE CASE LOG

(Applicants for Active Membership and/or Fellowship Status must complete this form)

Name _____

Please check one: ___ Current Active Member ___ Submitting Membership Application

Total number of cases (Adult & Pediatric) _____

Period ____/____/____ to ____/____/____

Number of Pediatric Cases _____

SUMMARY OF PEDIATRIC CASES

Cystoscopy (includes retrogrades, urethral dilation, etc) _____

Ureteroscopy _____

Endoscopic calculus extraction _____

ESWL _____

Transurethral incision of ureterocele _____

Transurethral ablation of posterior urethral valves _____

Circumcision, minor penile procedures _____

Meatotomy, meatoplasty _____

Orchiopexy _____

Hydrocele/hernia repair _____

OPERATIVE CASE LOG—PAGE 2

Minor scrotal procedures (torsion, scrotal orchiopexy, orchiectomy)_____

Varicocelectomy_____

Pyeloplasty_____

Nephrectomy_____

Partial nephrectomy_____

Pyelolithotomy/Nephrolithotomy_____

Renal biopsy_____

Renal transplant_____

Ureteral reimplantation_____

Ureteroureterostomy, ureteropyelostomy, TUU_____

Ureteral tapering_____

Cutaneous ureterostomy, cutaneous pyelostomy_____

Closure of bladder exstrophy_____

Partial/Simple cystectomy_____

Radical cystectomy_____

Augmentation cystoplasty_____

Cutaneous vesicostomy (bowel or ureter)_____

Open cystostomy, cystolithotomy, repair bladder trauma_____

Bladder neck reconstruction (Young Dees, Kropp, etc)_____

Bladder neck suspension (MMK, Raz, sling)_____

Conduit (ileal, colon)_____

Continent urinary diversion_____

Correction of chordee without hypospadias_____

Correction of hidden penis, webbed penis, penile torsion_____

Distal hypospadias repair (MAGPI)_____

Proximal hypospadias repair (subcoronal, midpenile, penoscrotal)_____

Staged hypospadias repair_____

Free graft (buccal/bladder mucosal) hypospadias repair_____

Repair of urethrocutaneous fistula_____

Repair of urethral stricture_____

Epispadias repair_____

Laparoscopy, diagnostic_____

Laparoscopy, therapeutic (list)_____
