



2012 CANDIDATE MEMBERSHIP APPLICATION INSTRUCTIONS

RESPONSIBILITIES OF THE APPLICANT

1. Obtain an application from the ASSH Central Office or download a form from the ASSH website at www.assh.org:

American Society for Surgery of the Hand
6300 North River Road, Suite 600
Rosemont, IL 60018-4256
TX: 847.384.8300
FAX: 847.384.1435
E-mail: membership@assh.org

SUBMISSION DEADLINES: JANUARY 1, 2012, APRIL 1, 2012, JULY 1, 2012 or OCTOBER 1, 2012.

2. Complete ALL sections of the application form. No part of the application form may be left blank. Any activities and/or contributions must be added to the application form. **Do not attach your curriculum vitae.**

All electronic submissions (preferred) should be in **WORD or PDF** format and submitted to: membership@assh.org.

All paper submissions should be mailed originals or **legible** faxed documents.

Mail: Membership Committee
American Society for Surgery of the Hand
6300 North River Road, Suite 600
Rosemont, IL 60018-4256

Fax: 847/384-1435 - any faxed documents must be legible

3. **Submit your one-time Candidate Membership application fee of \$75.**

Upon acceptance Candidate Members who have completed their fellowship in hand surgery will be billed dues for the first year based on quarter of acceptance. (Accepted in January - \$300, April - \$225, July - \$150 or October - \$75).

4. **Submit sponsorship letter from your residency program director or hand fellowship director or an ASSH Active member, elected in 2008 or earlier.** Only one (1) sponsor letter is required for Candidate membership applications. Additional letters of recommendation from other members of the American Society for Surgery of the Hand (particularly chiefs of service, training program directors, persons familiar with the applicant's practice or contributions to hand surgery, and other qualified individuals) are not required but do serve to strengthen the application.

INSTRUCTIONS REGARDING SPONSORS

Residency program directors and/or Fellowship program directors, who submit sponsor letters for ASSH Candidate membership applicants, are not required to be ASSH Members. All sponsor letters from ASSH Members must be Active members in the American Society for Surgery of the Hand – **elected in 2008 or earlier.** Contact the ASSH Central Office to verify eligibility of sponsors. Sponsorship letters may be submitted electronically, as long as they meet the criteria below.

1. Sponsor letter must include the following information:
 - a. Length of time sponsor has known the applicant
 - b. Knowledge of the applicant's present practice
 - c. Statement of unequivocal support on behalf of the applicant
2. Letter must be submitted on sponsor's letterhead.
3. Letters must be signed by sponsor.

Signed sponsorship letters can be sent letter directly to Membership at:

Mail:

ASSH Central Office

**6300 North River Road, Suite 600
Rosemont, IL 60018-4256**

or

Fax: 847/384-1435

or

Email: membership@assh.org

NOTE: In order for an applicant to be considered for Candidate membership, all application materials, including signed, completed application, application fee payment and sponsorship letter, must arrive at the ASSH Central Office by close of business on the submission deadline – **January 1, April 1, July, 1 or October 1.**

Your application and any other information obtained in connection with your application becomes the property of the American Society for Surgery of the Hand upon receipt and will not be returned to the applicant during or at the conclusion of the application process.

ASSH CODE OF ETHICS AND PROFESSIONALISM

The following *Code of Ethics and Professionalism for Hand Care Professionals* has been adopted by the American Society for Surgery of the Hand (ASSH) and sets forth aspirational standards of conduct that define the essentials of honorable behavior for the Hand Care Professional.

I. Relationship with Patients. The Hand Care profession exists for the primary purpose of caring for the patient. The hand care professional-patient relationship is the central focus of all ethical concerns. A Hand Care Professional should be dedicated to providing competent medical care with compassion, diligence, and respect for the patient. The Hand Care Professional may determine whether to accept the care of a patient, but should not decline to accept a patient on the basis of race, color, religion, sex, age, national origin, or a disability. Having undertaken a patient's care and having not been released from responsibility by the patient, the Hand Care Professional may discontinue services only after giving adequate notice so that the patient may obtain alternative care. The Hand Care Professional shall explain to the patient in understandable terms, the options for treatment, the reasons for the recommended course, and the risks and benefits associated with the recommended and alternative options.

II. Decency and Integrity. The Hand Care Professional should maintain a reputation for decency, honesty, tolerance and truthfulness with patients and colleagues. The Hand Care Professional should not engage in any behavior that would undermine the public's trust in the profession. The Hand Care Professional should cooperate with any legitimate investigation of a healthcare professional alleged to be deficient in character or competence, or to have engaged in illegal or inappropriate activity relating to the practice of medicine.

III. Honor and the Law. The Hand Care Professional must obey the law and uphold the dignity and honor of the profession. The Hand Care Professional should support the adoption of federal, state and local regulations designed to improve patient care.

IV. Conflict of Interest. The Hand Care Professional shall regard responsibility to the patient as paramount. The practice of medicine inherently presents potential conflicts of interest. Hand Care Professionals must be aware of the potential negative implications of professional-industry relationships, and other areas of potential conflict, and not allow conflicts to compromise patient care. Whenever an actual or potential conflict of interest arises, it must be disclosed and resolved in the best interest of the patient.

V. Confidentiality. The Hand Care Professional should respect the rights of patients, colleagues, and other health professionals and must safeguard patients' health care information as mandated by law.

VI. Commitment to Education. The Hand Care Professional must continually strive to maintain and improve his or her medical knowledge and skills, to advance the science of Hand Surgery, and to make available to patients and colleagues the benefits of such work. The Hand Care Professional must also engage in lifelong learning, seek evidence-based knowledge and practice methods grounded in science.

VII. Practice Venue. The Hand Care Professional may choose with whom to associate and the environment in which to provide medical care. The Hand Care Professional should render emergent care to the best of his or her ability.

VIII. Collegiality. Good relationships among physicians, nurses, and health care professionals are essential for optimal patient care. The Hand Care Professional should cooperate with other health care professionals to enhance the care of patients.

IX. Compensation. Remuneration should be reasonable and commensurate with the services rendered. The Hand Care Professional should deliver high quality, cost-effective care and should devote some time and resources to providing indigent care.

X. Promotion. The Hand Care Professional may receive an acknowledgement of his or her contribution to scholarly publications, scientific sessions, or other educational presentations; provided that the Hand Care Professional shall not promote himself or herself through any medium or form of public communication in a false, misleading, or deceptive manner.

XI. Expert Witness Testimony. When serving as an expert witness, the Hand Care Professional has a responsibility to provide factual testimony that, to the best of his or her knowledge, is clinically accurate, impartial, and complete. The Hand Care Professional should not testify concerning matters with which he or she is unfamiliar. The Hand Care Professional should not have an economic interest in the outcome of the controversy with respect to which he or she is providing expert witness testimony.

XII. Societal Responsibility. The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society. The Hand Care Professional is encouraged to demonstrate interest and participate in activities that improve the health and well-being of individuals and community at large.

XIII. Obligations to Primary Organizations. Hand Care Professionals who are members of other professional surgical organizations also have a responsibility to comply with the ethical guidelines and professional requirements of those societies.

Adopted by the Council of the American Society for Surgery of the Hand in March 2008; revised in December 2009.

RIGHTS AND RESPONSIBILITIES OF CANDIDATE MEMBERS

1. I intend to eventually meet the qualifications for and become an Active Member of the ASSH.
2. I acknowledge that conferral of Candidate membership in the ASSH does not imply that I will be qualified for, or admitted to, Active membership in the ASSH.
3. I understand that that if accepted for ASSH Candidate membership I may reference “ASSH Candidate” membership status in published biographical materials.
4. I acknowledge that I may not advertise or represent myself as a “Member of the ASSH”, but may represent myself as a “Candidate Member of the ASSH.”
5. I may not use the ASSH logo on stationery or as advertising.
6. I acknowledge that my ASSH Candidate membership may be terminated if I become ineligible for ASSH Candidate membership as defined in the ASSH Bylaws.

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QUESTIONS?

Please contact Jeanne Bloesch – Senior Membership Coordinator, ASSH Membership Department at 847.384.8300 or send an e-mail to: jbloesch@assh.org or membership@assh.org.