AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY
310 South Henry Street
Alexandria, VA 22314

_____ has applied for Resident membership in the American Academy of Facial Plastic and Reconstructive Surgery. We would appreciate it if you would complete and return this form as soon as possible to the Academy office. All information will be treated confidentially. An early response will enable us to process the applicant's membership request.

1. How long have you known the applicant? _____
2. Has your acquaintance with the applicant continued to the present? _____
3. How well do you know the applicant? _____
4. Do you consider the applicant: sober and reliable? _____
   ethical? _____
   of good character? _____
5. What opportunities have you had to form a judgment of the applicant's integrity and general charter?

   _____
6. Please indicate your opinion of the applicant's:

	Excellent	*Good*	*Average*	*Poor*
Professional Ability				
Attention to Duties				
Breadth of Education				
Personality				

7. Please give additional information you may respect to the applicant's professional or ethical conduct. Please use an extra page if necessary.

   _____

   _____

_____ _____
Signature Date

Print Name _____

Are you a member of the American Academy of Facial Plastic and Reconstructive surgery?

Yes ☐ No ☐ If yes, are you ☐ Fellow ☐ Member ☐ Resident ☐ International