

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

310 South Henry Street
Alexandria, VA 22314

_____ has applied for Member, Fellow or International 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.

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 character?

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 Fellow member of the AAFPRS? Colleague? Chief of Specialty Services?

NOTE: PLEASE CHECK ALL THAT APPLY.