

Date \_\_\_\_\_

American College of Surgeons  
Division of Member Services  
Medical Student, Resident, Associate Fellow, and Affiliate Section  
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Chicago, IL 60611  
Fax: 312-202-5007  
E-mail: [enroll@facs.org](mailto:enroll@facs.org)

Re: Applicant for ACS Associate Fellow Membership

This letter verifies that \_\_\_\_\_ satisfactorily completed  
(Name)

a surgical residency at \_\_\_\_\_ on \_\_\_\_\_.  
(Institution) (Date)

I am recommending this individual to be accepted as an Associate Fellow Member in the American College of Surgeons.

Best regards,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(E-mail)

**\*Note:** *This form is to be printed on the institution's letterhead*