Application for "Fellow of the APSR (FAPSR)"

Open to any member who has joined the APSR directly, (hereinafter referred to as an "individual member"), or is an APSR member of the BLF, CPA, HKTS, ISR, JRS, KATRD, MTS, PCCP, SLCP, STS, TSANZ, TSPCCM, or VNRS (hereinafter referred to as an "en bloc society member"

REQUIREMENTS

1. You must be an APSR member (either individual or en bloc)
2. You must have been a practicing specialist in a respiratory or related discipline for more than 5 years after relevant specialist accreditation

PROCEDURE

1. Complete the application form below, Further copies are available at http://www.apsresp.org/members/application/fapsr-application.pdf
2. Post or fax the form with your payment to the APSR Secretariat Office. The address and fee are shown on the form.
3. On receiving your application, the APSR Secretariat Office will request endorsement from the relevant referee#
4. The APSR Secretariat Office will inform you of the successful application

# Referees include:
   a) APSR Councillors representing your region, if you are an individual APSR member, or
   b) APSR en bloc member society, if you are an en bloc member, or
   c) where neither a) nor b) above is appropriate, your application will be considered by the APSR Membership Committee

RIGHTS AND PRIVILEGES OF FELLOWS

1. Fellows shall be entitled to all privileges of Members of the APSR, including, but not limited to the right to hold office.
2. Fellows shall receive a Letter and a Certificate from the APSR, stating the conferment of Fellowship, and thus sanctioning the member's post-nominal use of "FAPSR",
3. New Fellows will be announced in the APSR Bulletin and added to the register of Fellows on the APSR website. (You have the right and opportunity to be excluded from such announcements.)
APSR membership no.

APSR en bloc society
- □ BLF
- □ CPA
- □ HKTS
- □ ISR
- □ JRS
- □ KATRD
- □ MTS
- □ PCCP
- □ SLCP
- □ STS
- □ TSANZ
- □ TSPCCM
- □ VNRS

Your membership no. in the en bloc society

Title (Prof., Dr, etc.)

Name
- Family name
- Given name(s)

Contact address
- Line1
- Line2
- City
- Post code
- Country/Region

Phone
*including international dialing code

Fax

Email

Your colleagues will be interested to see when you acquire FAPSR status, and therefore names and portrait photos are normally published in the APSR Bulletin and at http://www.apsresp.org/members/fellows.php

☐ Check this box if you are willing for your name to be announced.

When your application is successful, please follow the directions at the bottom of http://www.apsresp.org/members/fellows.php to send your portrait photo to be added to that page.

E D U C A T I O N / P R O F E S S I O N A L E X P E R I E N C E

Primary qualifications (MD, MBBS, BSc, etc.)
- Name & location of institution
- Degrees
- Date received

Postgraduate education (PhD, MS, etc.)
- Name & location of institution
- Degrees
- Date received
Respiratory specialty training and accreditation

Institution of specialty training
(e.g. The name of the specialty board in respiratory medicine or sleep medicine, and its location)

Year of specialist accreditation

Board of respiratory specialty accreditation

Board certification, if applicable
Year of certification / accreditation

Current employment

Name of institution
Your title

Major specialty practice

I. □ Clinical □ Doctor □ Other, please specify __________________
□ Research

II. □ General Respiratory Medicine □ Sleep Medicine □ Other, please specify __________________
□ Thoracic Surgery □ Critical Care Medicine
□ Paediatric Respirology

Please check and confirm your payment.

□ Application fee US$100 US$ 100
□ Voluntary donation* to APSR (≥US$40) US$

My total payment

*Any size of donation is welcome. Each donation of more than US$40 will collectively count towards the APSR's goal to be exempt from paying tax. This will increase the amount available for activities in promoting healthcare training, research, education, and advocacy in the Asia-Pacific region.

PAYMENT

□ Amex □ Diners □ MasterCard □ Visa

Card number

Expiry date

Cardholder’s name

Cardholder’s signature Date

Bank drafts not accepted.

□ I have read and agree to the terms of the APSR Private Policy

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Fax: (+81-3) 5684-3382

Please complete and post / fax this form to the APSR Secretariat below.

FOR YOUR OWN SECURITY, DO NOT EMAIL CREDIT CARD DETAILS.