



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 ISR, JRS, KATRD, KTS, MTS, PCCP, SLCP, 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 www.apsresp.org/pdf/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.)

PERSONAL DETAILS

PLEASE USE BLOCK CAPITAL LETTERS

APSR membership no.

APSR en bloc society ISR JRS KATRD KTS MTS

PCCP SLCP TSANZ TSPCCM VNRS

Your membership no. in the en bloc society

Title (Prof., Dr, etc.)

Name

Family name

Given name(s)

Sex

Male

Female

Date of birth

dd

mm

yyyy

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://apsresp.org/members/fapsr/fellows.html>

If you do NOT want your name to be announced, check this box to prevent your name appearing

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

EDUCATION / PROFESSIONAL EXPERIENCE

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 Research Doctor Other, please specify _____
- II. General Respiratory Medicine Sleep Medicine Thoracic Surgery Critical Care Medicine Paediatric Respirology Other, please specify _____

PAYMENT

Please check and confirm your payment.

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

My total payment US\$

*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.

- Amex Diners MasterCard Visa

Card number

Expiry date

Cardholder's name

Cardholder's signature

Date

Bank drafts not accepted.

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

FOR YOUR OWN SECURITY, DO NOT EMAIL CREDIT CARD DETAILS

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