**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 CPA, HKTS, ISR, KATRD, MTS, PCCP, SLCP, STS, TSANZ, TSPCCM, or VNRS (hereinafter referred to as an "en bloc society member"

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### 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](http://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**
- [ ] 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://apsresp.org/members/fapsr/fellows.html](http://apsresp.org/members/fapsr/fellows.html)

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://apsresp.org/members/fapsr/fellows.html](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

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<tr>
<th>Institution of specialty training</th>
<th>Year of specialist accreditation</th>
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Board of respiratory specialty accreditation

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<th>Board certification, if applicable</th>
<th>Year of certification / accreditation</th>
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Current employment

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<th>Name of institution</th>
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Major specialty practice

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<th>I.</th>
<th>Clinical</th>
<th>Doctor</th>
<th>Other, please specify</th>
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<th>II.</th>
<th>General Respiratory Medicine</th>
<th>Sleep Medicine</th>
<th>Critical Care Medicine</th>
<th>Other, please specify</th>
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**PAYMENT**

Please check and confirm your payment.

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

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<th>My total payment</th>
<th>US$</th>
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*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.

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Card number: ____________________________

Expiry date: mm 2 0

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Bank drafts not accepted.

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

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

FOR YOUR OWN SECURITY, DO NOT EMAIL CREDIT CARD DETAILS

The Asian Pacific Society of Respirology
2F, UK's Bldg., 2-29-3, Hongo, Bunkyo-ku, Tokyo, 113-0033 Japan
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Fax: (+81-3) 5684-3382