Congress of Neurological Surgeons

MEDICAL STUDENT MEMBERSHIP APPLICATION

The Congress of Neurological Surgeons exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange.
We'd love for you to join us. Some of the advantages of the CNS Medical Student Membership include:

BENEFITS:

- Reduced subscription rates for our publications: *Neurosurgery*, *Operative Neurosurgery*, *Congress Quarterly*, and *Clinical Neurosurgery*
- Discounts on our online SANS Lifelong Learning self-assessment tools, including: SANS: Indications, SANS: General, SANS: Specialty Module Bundle, SANS: Written Board Modules, and more
- Access to our Online Education Catalog with more than 100 online courses and discounted webinars for members, in addition to more than 100 annual meeting recorded sessions
- The free CNS Guidelines App, with immediate, point-of-care access to guideline recommendations and topic overviews, along with links to full text, for all CNS-produced evidence-based clinical practice guidelines
- Access to the Neurosurgery Survival Guide (NSG) App, a trusted quick reference guide that encompasses the massive breadth of knowledge and information needed when caring for neurosurgery patients
- Complimentary access to Nexus, the CNS' comprehensive, case-based repository of neurosurgical operative techniques and approaches
- Exclusive member rates at the CNS Annual Meeting—and all live courses
- Volunteer leadership opportunities through an extensive array of committees
- Online management of CME credit, member account, and meeting participation

REQUIREMENTS: Applicants for the CNS Medical Student Membership must be enrolled in an accredited medical school approved by the Association of American Medical Colleges (AAMC), the American Osteopathic Association (AOA), or the Faculties of Medicine of Canada (AFMC), Submit a signed letter from the medical school Dean, Neurosurgery Department Chairman, or enrollment official verifying the students enrollment and expected date of graduation. Membership will renew automatically each year and terminate upon graduation of medical school. Once accepted into an accredited Residency Program, you are encouraged to reapply for CNS Resident Membership.

DUES: The CNS Medical Student Membership is **complimentary** to eligible medical students. After your application has been approved by the CNS Membership Committee, your membership will be activated and a welcome letter will be sent to you. Medical Student Membership will renew automatically and terminate immediately upon graduation from medical school. Once accepted into an ABNS accredited Residency Program, you will also receive complimentary membership from the CNS. Mexican and Canadian residents are encouraged to reapply for CNS Resident Membership.

To learn more about CNS Member Benefits or to apply online, please visit: https://www.cns.org/about-us/membership/medical-student-membership
AANS 2019

Congress of Neurological Surgeons

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I. BIOGRAPHICAL

Name: Last _____ First _____ Middle _____

Citizenship/Nationality: _____ Date of Birth (MM/DD/YYYY): _____

E-MAIL: _____ PHONE: _____

Home Address: _____

City, State, Zip: _____

☐ No, do not send me CNS product and service updates and information via email.

☐ No, do not display my email address in the CNS Online Member Directory.

II. UNDERGRADUATE UNIVERSITY PROGRAM

Undergraduate University: _____ Date of Graduation: _____

II. MEDICAL SCHOOL INORMATION

Name of Medical School Training Program: _____

Address: _____

City, State, Zip: _____

Office Phone: _____ Fax: _____

Department/Division: _____ Anticipated Date of Graduation: _____

Name of Dean/Surgery Dept. Chairman: _____

Dean/Dept. Chairman's Information (if available)
Address: _____

City, State, Zip: _____

Office Phone: _____ Fax: _____

Email: _____

IV. ATTACH A VERIFICATION LETTER FROM YOUR DEAN/CHAIRMAN/ENROLLMENT OFFICIAL.

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AANS 2019

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By signing this form, you agree that the CNS can retain this information for the purposes of communication and service support set out in our Privacy Policy, which can be viewed at https://www.cns.org/privacy-policy. If you do not want your information retained, please email privacy@cns.org.

Signature: _____Date: _____

Please return the application and your verification letter from your Dean/Chairman/Enrollment Official to:

Congress of Neurological Surgeons
10 N. Martingale Road, Suite 190
Schaumburg, IL 60173 USA

Phone: 847 240 2500
Fax: 847 240 0804
E-mail: **membership@cns.org**

AUTHORIZATION AND RELEASE

1. Authorization: I hereby authorize the Congress of Neurological Surgeons (hereinafter referred to as the "Congress") and its board of directors, membership committee, professional conduct committee, or any of their employees and agents (each a Congress representative) to: consult or make inquiry of any physician, hospital, health system, medical school, medical training program, medical association, specialty board, licensing authority, professional liability insurance carrier, broker or agent, personal reference, individuals and/or organizations concerned with provider performance and the quality and efficiency of patient care, and individual or organization who has been associated with me and/or who has information bearing on my ability, training, education, professional ethics, character, emotional stability, professional liability experience, and other qualifications pertinent to membership in the Congress;
AND inspect and obtain copies of all records and documents that may be material to evaluating my professional qualifications, competence, ethical standards and practice patterns or otherwise related to qualifications pertinent to membership in the Congress.

2. Release: I hereby authorize and consent to the release of information by: each individual and organization who provides information to the Congress or its representative in good faith concerning my ability, training education, professional ethics, character, emotional stability, professional liability experience, and other qualifications pertinent to membership in the Congress, including otherwise privileged or confidential information;
AND the Congress and representatives to any physician, hospital, medical school, medical training program, medical association, specialty board, licensing authority, professional liability insurance carrier, broker or agent, personal references, and individuals or organizations concerned with provider performance and the quality and efficiency of patient care, any information relevant to such matters that the Congress or its representatives may have concerning me regarding my ability, training, education, professional ethics, experience and other qualifications pertinent to membership in the Congress.

3. Indemnification: I hereby discharge from any liability and agree to indemnify, defend and hold harmless from any liability (including reasonable attorney's fees and expenses) all:
Individuals and organizations who provide information to Congress in good faith, including otherwise privileged or confidential information; and Congress and Congress representatives For their acts performed in good faith in connection with obtaining or providing information about me and evaluating my credentials and qualifications.

To learn more about CNS Member Benefits or to apply online, please visit: https://www.cns.org/about-us/membership/medical-student-membership
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I hereby agree that no information obtained by the Congress or its representatives pursuant to any pre-application, application or re-application process shall be subject to discovery, subpoena or other means of legal compulsion for release by me or my agents.

4. Truth and accuracy of information: I hereby certify that all information submitted by me to the Congress (whether in an application, CV or otherwise) is true to my best knowledge and belief. I understand and agree

(i) to update the Congress so that all information contained in my application for membership remains true at all times; and

(ii) that providing false or misleading information shall be grounds for denial or termination of membership in the Congress without right to further process.

5. Membership Dues and Assessments: I hereby acknowledge financial responsibility to timely pay all membership dues and other financial assessments imposed on my by the Congress.

6. Membership Pledge: I pledge that at all times while I am a member of the Congress to uphold the ideals and goals of the Congress and to continuously strive to provide quality and efficient care to my patients in a cost effective manner.

A photocopy of this form shall suffice as an original for the purpose of authorizing release of information.

By signing this form, you agree that the CNS can retain this information for the purposes of communication and service support set out in our Privacy Policy, which can be viewed at https://www.cns.org/privacy-policy. If you do not want your information retained, please email privacy@cns.org.

_____ _____

Signature Date