

WELCOME TO FACIALIS ACADEMY

MEMBERSHIP BENEFITS AND PRIVILEGES

RESIDENT \$USD 49

(Physicians who are in residency or fellowship training)

25% off on attendance-based courses

Complimentary registration to:

- our on-line courses
- our webinars

Digital Membership certificate

Discounts with our partners

Eligible to participate in the "best video" and "best poster" contests in our courses

SPECIALIST \$USD 99

(Physicians with specialty in ENT, facial plastic surgery or plastic surgery)

15% off on attendance-based courses

Complimentary registration to:

- our on-line courses
- our webinars

Digital Membership certificate

Discounts with our partners

Eligible to lecture in our courses

ADDITIONAL PRIVILEGES

SUBSCRIPTION (OPTIONAL) TO XPERTVIDEO.COM AT DISCOUNTED FEE:

- 1-Year subscription to XPERTVIDEO.COM video library for \$USD 100
 - (regular price \$USD 249)



Calle 119 No 7-14 Office 422
Santa Ana Medical Center
Bogota, Colombia
Phone (57) 318-8044529
www.facialisacademy.co

FACIALIS ACADEMY
2020 MEMBERSHIP APPLICATION FORM

Please complete the form and return to: Mrs Anne-Marie Lariviere Phone: +57 318 804 4529 Email: info@facialisacademy.co

MEMBERSHIP LEVEL:

- RESIDENT \$USD 49** (Physicians who are in residency or fellowship training)
- SPECIALIST \$USD 99** (Physicians with specialty in ENT, facial plastic surgery or plastic surgery)

SUBSCRIPTION (OPTIONAL):

- XPERT SUBSCRIPTION 100 \$USD** (1-year subscription to xpertvideo.com video library)

TOTAL..... \$USD

Please fill out the following in readable capital letters

Name..... Middle Name.....

Last Name.....

Place of birth..... Date of birth [D____|M____|Y____]

Address.....

City..... Country.....

Phone number (please specify country code) ().....

E-mail address.....

Website.....

Languages spoken.....

Educational fields of interest:

- Rhinoplasty
- Cosmetic surgery
- Hair transplant
- Other(s) please specify.....
- Facial rejuvenation
- Non-surgical procedures
- Reconstructive surgery

LicensureName of City, Province or State and Country Licensure No. Date of Issued
.....
.....
.....Has your license to practice your profession in any jurisdiction ever been limited, suspended,
revoked, denied, subjected to probationary condition or have proceedings toward any of those
ends ever been instituted? () YES () NO**Experience in Practice**Name of City, Province or State and Country Specify Month and Year
From To
.....
.....
.....**Medical School**University Name City Country Date of Graduation
.....
.....
.....**Residencies or Fellowships**Name of the Institution, Department and Location Specify Month and Year
From To
.....
.....
.....

If you are currently a resident please, indicate year:

Second.....Third.....Fourth.....Fifth.....Other.....

Expected graduation date.....

Hospital/Clinic Appointments

Name of the Institution, Location and Position	Specify Month and Year
	From To
.....	
.....	
.....	
.....	

Have your clinical privileges at any hospital or health care institution ever been limited, suspended, revoked or not renewed or subject to probationary conditions, or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body for reasons other than chart problems or meeting requirements? () YES () NO

Medical Societies Memberships

Please list all the scientific societies or organizations to which you belong.

() EAFPS	() ABCPF	() SCCPF	() ISAPS
() AAFPRS	() ARPLAF	() SMRCPF	() Other(s)

If you checked Other(s), please specify.....

.....

Have you ever been denied membership or renewal thereof or been subject to any disciplinary action in any medical organization or professional society or have proceedings towards any of those ends ever been instituted? () YES () NO

REFERENCES – Names and email address

For residents: one reference is needed (it can be from the Residency Training Program Director or any colleague in your area or any active member of Facialis Academy).

For specialists: two references are needed (it can be from the chief of surgery where you principally work, any colleague in your area or any active member of Facialis Academy).

1.

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2.

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I do hereby **declare that all the information** given above is true to the best of my knowledge and belief and I give my consent to the processing of my personal data.

Date Signature

MEMBERSHIP APPLICATION CHECKLIST

Please note that the following materials must be included:

- () Completed 2020 Membership Application Form
- () Recent photograph (.jpg, .pdf, .png)
- () Copy of your current cv/resume
- () Copy of your medical degree
- () Copy of your specialist degree: ENT, facial plastic or plastic surgery*
- () Proof of membership in a ENT, facial plastic or plastic surgery society or association (certificate or similar documentation)**

*Residents can apply starting from the second year of residency, but must submit a WRITTEN EVIDENCE OF TRAINING STATUS.

** Does not apply for residents.

Timeline

You will be contacted by a Facialis Academy representative within seven (7) business days following the receipt of your completed membership application and supporting documents.

There is an evaluation period for all new applicants; therefore, final approval of your membership application can take up to 4 weeks. Once approved, the last step to become a member is to make the payment of the membership fee online through our secure payment gateway. Once your payment is successful, you can start enjoying the benefits of your membership for 1 full year.