

Application for Membership

Southeastern Section of the AUA, Inc.

Two Woodfield Lake • 1100 East Woodfield Road, Suite 520
Schaumburg, IL 60173 • Phone: (847) 969-0248 • Fax: (847) 517-7229



SES Membership Categories

I am applying for:

ACTIVE MEMBERSHIP (\$100 Application Fee)

Requirements for Active Membership are as follows: A) Possession of an unlimited license to practice medicine and surgery in the state, province, or country of the applicant's residence; B) Practice in the geographical boundaries of the Southeastern Section; C) Possession of an MD or DO degree and completion of an accredited urology residency; D) Limitation of practice to the specialty of urology; E) Certification by the American Board of Urology (ABU), the Royal College of Surgeons (RCS) in Canada or the Quebec Board of Urology or the certifying board of urology in the country where practicing within the geographical boundaries of the Section; F) Recommendation for membership by two (2) voting members of the AUA, except if certified within the last 24 months (as per item E in this section); G) Letter of recommendation from the chief of urology, medical director or chair of the credentials committee at the hospital(s) where the applicant has privileges.

I also understand that following the application process and favorable review and approval by the SES board of directors and members, my complete application will be forwarded to the American Urological Association offices. It then will be reviewed for national membership at the next AUA board meeting.

Year of Certification _____ Certifying Board _____

I am applying for:

ASSOCIATE MEMBERSHIP (\$100 Application Fee)

Requirements for Associate Membership are the same as Active Membership, except for board certification. A) Candidate members eligible for Fast Track Associate status: Associate Membership will be offered to all candidate members who have passed the qualifying examination (Part I) of the American Board of Urology; B) Non-members eligible for Associate status: Associate Membership is available to non-member urologists who are practicing within the geographic boundaries of the Section but are not certified by the American Board of Urology.

I also understand that following the application process and favorable review and approval by the SES board of directors and members, my complete application will be forwarded to the American Urological Association offices. It then will be reviewed for national membership at the next AUA board meeting.

General Information

First Name _____ Last Name _____

Social Security Number _____ Degree(s) _____ Gender _____

Date of Birth _____ Place of Birth _____

Date of Licensure _____ Place of Licensure _____

Legal Citizen Where You Practice? Yes No

Preferred Mailing Address Office Home Preferred Directory Address Office Home

Office Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Email _____ Name of Spouse _____

All applicants must provide names and addresses of two Active or Senior members of the Section who will endorse this application in accordance with Section requirements.

Sponsor 1 Name _____
Sponsor 2 Name _____

Education, Training and Professional Experience

Medical School _____ Degree(s) Earned _____ Date of Graduation _____

Name of Urology Residency Program _____ Dates of Urology Residency Program _____

Is your urology residency program approved by the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada? _____

Advanced Post-Urological Training:

Name of Institution _____	City _____	Dates _____
Name of Institution _____	City _____	Dates _____
Name of Institution _____	City _____	Dates _____

Where have you practiced since completing your urological residency?

Location _____	Dates _____
Location _____	Dates _____
Location _____	Dates _____

Hospital Appointments Currently Held

Hospital Name & Location _____	Size _____	Type _____
Hospital Name & Location _____	Size _____	Type _____
Hospital Name & Location _____	Size _____	Type _____

Teaching Positions Held (Past or Present)

Title _____	Position _____
Title _____	Position _____
Title _____	Position _____

**All applications will be kept on file at the Southeastern Section and a copy will be made and forwarded to the AUA when applying for AUA membership.*

Payment Information (\$100 application fee):

Check (Payable to SESAUUA)
Credit Card
 Visa MasterCard American Express
Card Number: _____
CVV#: _____
Expiration Date: _____
Applicant's Signature: _____

Please forward all necessary information and fees to:

Membership Department
Southeastern Section of the AUA, Inc.
Two Woodfield Lake
1100 East Woodfield Road, Suite 520
Schaumburg, IL 60173
Phone: (847) 969-0248
Fax: (847) 517-7229
Email: info@sesaua.org