AFFILIATE MEMBERSHIP APPLICATION

The Congress of Neurological Surgeons (CNS) exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange.

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 Affiliate Membership in the Congress of Neurological Surgeons (CNS) are individuals who are":

- Allied Healthcare Professionals (nurses, physicians' assistants, etc.)
- Involved in neurosurgically related patient care, teaching, or research, and
- Have been recommended for membership in writing by one Active Member of the CNS.

Affiliate Members shall pay dues and may serve on committees but may not vote or hold office.

DUES: The annual fee for CNS Affiliate Membership is $226 (U.S. currency) plus a one-time processing fee of $25 (U.S. currency). After your application has been reviewed and approved by the Membership Committee, a dues invoice will be sent to you. Please do not remit any money at this time.

Congress of Neurological Surgeons

APPLICATION FOR AFFILIATE MEMBERSHIP

I. BIOGRAPHICAL:

Name:_____ Date of birth (MM/DD/YYYY):_____

Place of birth: Citizenship: _____

Residence Address: _____

City, State, Zip: _____

Telephone No.: Email address: _____

Organization: _____

Address: _____

City, State, Zip:_____

Telephone No.:_____ Fax: _____

☐ 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.

Please send correspondence to this address: work or home

II. TRAINING:

Undergraduate/Nursing/PA School:_____

Date of Graduation: _____ Degree: _____

Experience (please list dates and position(s) held)

_____

_____

Post Graduate Experience (please list dates and position(s) held)

_____

_____

III. REFERENCE Please list one (1) reference who is a **MEMBER** of the CONGRESS OF NEUROLOGICAL SURGEONS.

Reference 1: Name: _____

Email: _____

Phone: _____

IV. MEMBERSHIP, CERTIFICATION AND PRACTICE

Does your formal training meet the requirements for state eligibility Examination by the State Boards? ☐ Yes ☐ No

Are you board certified? ☐ Yes ☐ No If YES, what year did certification take effect?

_____

Are you certified by another examining body? ☐ Yes ☐ No
If YES, what year did certification take effect? _____

Examining body: _____

Local or Regional Nursing/Medical Society Membership or Active Hospital Privileges.*Required Name:

_____ Date: _____

_____ Date: _____

Name:

Current hospital appointment(s)

_____

_____

Are you a member of the AMERICAN NURSES ASSOCIATION? ☐ Yes ☐ No
Are you licensed to practice as a nurse or PA? ☐ Yes ☐ No

State: _____ Valid through _____
State: _____ Valid through _____

PRACTICE TYPE (Circle one)

Academic	Private-Group	Private-Solo	Hospital
Government	Academic/Private	Military/Retired	Other

V. ADDITIONAL REFERENCES

LIST OF PUBLICATIONS:

_____

_____

ACADEMIC POSITIONS CURRENTLY HELD:

_____

_____

MEMBERSHIP IN MEDICAL SOCIETIES:

_____

_____

Congress of Neurological Surgeons

CONGRESS OF NEUROLOGICAL SURGEONS 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.
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.

Congress of Neurological Surgeons

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 _____

Congress of Neurological Surgeons
ATTN: Member Services Department
10 N. Martingale Road, Suite 190
Schaumburg, IL 60173 USA

Phone: 847 240 2500
Fax: 847 240 0804
Toll Free: 877 517 1CNS
Email: membership@cns.org