

Association of Extremity Nerve Surgeons 201 Stillwater, Suite 8, Wimberley, Texas 78676 (p) 888.708.9575, (f) 888.394.1123 info@aens.us, www.aens.us

DATE

First Name Main Address Phone #		Last Name			
		City	State	Zip	
		Email			
*/	Attach current CV, current me	dical license and copy of ABF	AS certification		
1.		R IN GOOD STANDING who has completed the approved AENS Fundamental Peripheral Nerve Advanced Peripheral Nerve Course. *Physicians can petition the AENS Fellow Committee for comparable			
2.	LICENSE: Hold a DPM, MD, DO de	egree and license.			
	Medical School Attended:		Year graduated:		
	 Attach current copy o your country. 	f medical license in the U.S. or its te	erritories. If international, provid	de copy of medical license fo	
3.	Attach current ABFAS certificate				
	MD, DO applicants: S	ubmit copy of Board Certification in y	your area of specialty.		
	procedures performed, hospital nar neuroma cases. Out of the 200 case logs, Credit for 10 procedures to	approved AENS Fundamental Nerve me and that you performed them. No a minimum of 20 must include full o otal will be applied for completion of asses will apply for completion of an aburse.	ot more than 10% of procedure p notes from varied peripheral f the Fundamental and Advance	nerve procedures. ed Courses.	
5.	PERIPHERAL NERVE FELLOWSHIPS: If you have completed an AENS approved 1-year peripheral nerve fellowship program, then your director can submit a letter of completion of 200 peripheral nerve procedures and attest to your competency. Applican must complete Fundamental, Advanced and Microsurgical courses. If you have completed a 1-year approved nerve fellowship are a DPM, you can submit an ABFAS QUALIFIED letter for application as AENS FELLOW. Applicants must hold current medical license and degree as listed above. The applicant must provide ABFAS CERTIFICATION notice, once completed.				
6.	 Iapel pin. Fellows may vote, hold of To be considered a Fellow payment of dues and atte Failure to maintain members After 2 years of rin arrears. 	atus, you will be recognized at the Al ffice and are expected to serve on co of the AENS, members must remain indance at continuing medical educat ership in AENS: non-membership, FELLOW status will	ommittees of the AENS. In in good standing with the Assition meetings. I be suspended and the physici	ociation including the an can pay for membership	
pro I v	y signing below, I understand the rocedures submitted were perfori will follow all ethical guidelines t aining or educational materials w	med by me. I also understand ar hat apply to patient care and ph	nd agree that if I am approv ysician scope of practice. I	ved as an AENS Fellow,	
Fe	ellow Applicant Signature	Printed Na	me	Date	
		materials to the AENS office: 201 St or questions, please contact info@ae		exas 78676.	

AENS FELLOW REVIEW COMMITTEE APPROVAL (digital signatures)