



Application for Associate Membership American College of Osteopathic Surgeons

1680 Duke Street, Suite 500, Alexandria, VA 22314
(800) 888-1312 • membership@facos.org • www.facos.org

MEMBERSHIP AND REQUIREMENTS

Associate Membership shall be available to any nonsurgical osteopathic and allopathic physician, or an advance practice provider currently employed by an ACOS member, who support the mission and objectives of the ACOS. An applicant shall meet the following requirements:

1. If a physician, he/she shall be a member in good standing of the American Osteopathic Association or AMA recognized national medical specialty society.
2. If an advanced practice provider, he/she shall be a member in good standing with the national specialty society for their specialty (ANA, AAPA, NACNS, etc.)

Applicants for Associate membership shall provide an application signed by or include with the application letters of recommendation from two or more members who shall be professionally acquainted with the applicant and who can attest to the applicant's qualifications, professional accomplishments, and ethics.

Sign and complete all sections of this application and submit with appropriate documentation and a curriculum vitae. Allow up to 45 days for application processing.

Please print legibly or type

NAME

First	Middle	Last	Nickname
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MAILING ADDRESS

Street Address

City	State	Zip
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WORK TELEPHONE

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HOME TELEPHONE

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FAX NUMBER

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E-MAIL ADDRESS

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SOCIAL SECURITY

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GENDER

☐ Male ☐ Female

DATE OF BIRTH

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AOA MEMBER?

☐ Yes ☐ No

YOUR
AOA #

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CURRENT LICENSURE - List states in which you presently hold a license to practice surgery and your license number.

State	License #	State	License #
1)		2)	

CERTIFICATION

Name of Certifying Board	Specialty	Date

SPECIALTY DESIGNATION - ★ The primary specialty designation is used to determine proportional specialty representation on the Board of Governors. Please select one of the following: cardiothoracic; vascular; facial plastic; general surgery; neurological; obstetrics gynecologic; ophthalmologic; orthopedic; otolaryngology facial plastic; plastic reconstructive; urological surgery.

★ Primary	Secondary	Tertiary

RESIDENCY TRAINING

Institution	Dates Attended	Specialty Type

INTERNSHIP TRAINING

Institution	Dates

MEDICAL COLLEGE

Institution	Year Graduated

CODE OF ETHICS - Members must abide by the ACOS Code of Ethics. To assist us in upholding these standards, please answer the following questions. *If you answered yes to any of these questions, please attach an explanation.*

1. Has your request for any type of medical staff privileges ever been denied?	☐ Yes	☐ No
2. Have your medical staff privileges ever been reduced, confined, suspended, or terminated?	☐ Yes	☐ No
3. Has your license to practice ever been limited, suspended, or revoked?	☐ Yes	☐ No
4. Have you ever been convicted of fraud or a felony offense?	☐ Yes	☐ No
5. Has a hospital ever requested that you resign your medical staff privileges?	☐ Yes	☐ No
6. Are there any actions pending against you that would adversely affect your hospital privileges or medical staff status or state or local license?	☐ Yes	☐ No

Notice: The Health Care Quality Improvement Act (42 U.S.C. Section 11101, et seq.) requires professional societies to report certain professional review actions that adversely affect membership in the ACOS, to the National Practitioner Data Bank.

RELEASE AUTHORIZATION

In furtherance of my application for membership in the American College of Osteopathic Surgeons (ACOS), I request and authorize any hospital and/or medical staff where I now have, have had, or have applied for medical staff privileges, and any organization of which I am a member or to which I have applied for membership, and any person who may have information, records, or documents which are deemed necessary by the ACOS to evaluate my eligibility for membership to provide such information to representatives of the ACOS. I agree that communications of any nature made to the ACOS regarding my qualifications for membership may be made in confidence and shall not be made available to me under any circumstances.

I release any hospital, medical staff, organization, or person, and the ACOS and its representatives from any liability for acts performed or communications, reports, recommendations, or disclosures made, requested, or received in good faith and without malice in connection with provision, collection, or evaluation of information or opinions bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, ethics, behavior, or any other matter, whether or not requested, in connection with my membership in the ACOS.

I pledge to hold the ACOS and its representatives harmless and agree to pay any attorney's fees and defense costs incurred by the ACOS for defending a lawsuit for damages or declaratory or other equitable relief in connection with the ACOS application.

I certify that the statements made by me in this application are true to the best of my knowledge and belief; and that I shall give every possible aid to the ACOS in its investigation of my qualifications as a surgeon.

I declare that I have read the Code of Ethics of the American Osteopathic Association.

I pledge that, if I become a member of the ACOS, I shall continue to abide by and uphold the Bylaws of the ACOS and the Code of Ethics of the American Osteopathic Association as interpreted by the ACOS.

I further pledge that, if honored by membership into the ACOS, any violation of ethical conduct on my part relating to hospital procedures or surgical practice shall be deemed cause for suspension or revocation of my membership in the ACOS.

 Applicant Signature	Date
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Applicants shall provide an application signed by two or more members who shall be professionally acquainted with the applicant and who can attest to the applicant's qualifications, professional accomplishments, and ethics.

Endorsement from two ACOS members.

Signature	Printed Name	Date
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Signature	Printed Name	Date
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Submit your completed application to the ACOS along with a current curriculum vitae to membership@facos.org

To receive a copy of the ACOS Bylaws and/or the AOA Code of Ethics, access the ACOS website at: www.facos.org



AMERICAN
COLLEGE OF
OSTEOPATHIC
SURGEONS

ACOS ASSOCIATE MEMBER APPLICATION INFORMATION

Membership

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Application Requirements

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DUES Membership Year 2026-2027

Associate Member	\$107.00	per year, for any nonsurgical osteopathic and allopathic physician, or an advance practice provider currently employed by an ACOS member.
New Member	\$311.00	for the first year of membership.
Dual New Member	\$143.00	for the first year of membership for new members who are also current members of the American Osteopathic Academy of Orthopedics, the American College of Osteopathic Obstetricians and Gynecologists, or the American Osteopathic Colleges of Ophthalmology and Otolaryngology, Head and Neck Surgery.
Member	\$627.00	per year after the first year of membership.
Dual Member	\$316.00	per year after the first year of membership for members who are also current members of the American Osteopathic Academy of Orthopedics, the American College of Osteopathic Obstetricians and Gynecologists, or the American Osteopathic Colleges of Ophthalmology and Otolaryngology, Head and Neck Surgery.
U.S. Military / Public Health Service Member	\$393.00	per year during the enlistment period in the U.S. Military or Public Health Service.
Member Not Practicing	\$520.00	per year for members who are employed full-time in a health care related profession (i.e. directors of medical education, hospital administrators, and managers of managed care networks) and who are not eligible for the Life Member categories.

American College of Osteopathic Surgeons

1680 Duke Street, Suite 500
Alexandria, VA 22314
Tel: (800) 888-1312
Fax: (703) 684-328

For additional membership information, access the member services page on the ACOS website at

 www.facos.org.