



New Jersey Society of Plastic Surgeons
272 Dunns Mill Rd, #276
Bordentown, NJ 08505
609.498.4686

NEW JERSEY SOCIETY OF PLASTIC SURGEONS

Allied Health Affiliate Membership Information & Application

Section 1: Bylaws & Basic Requirements

- **Affiliate Status:** Allied Health Affiliates are not voting members of the Society. Status may be conferred upon non-physician healthcare professionals supporting the New Jersey plastic surgery team, including nurses, physician assistants, research assistants, practice/office administrators, residency coordinators, and surgical technologists/assistants.
- **Professional Standing:** Applicants must be individuals of high moral, ethical, and professional competence and must be employed by or work directly with an Active Member of the Society.
- **Annual Verification:** Employment verification will be conducted on an annual basis to maintain affiliate status.
- **Rights & Privileges:** Upon payment of dues, affiliates enjoy designated educational and networking privileges but may not hold office or vote.
- **Resignation & Termination:** Affiliates may resign via written statement to the Society leadership. The Board of Directors reserves the right to terminate affiliate status in the best interest of the Society.

Section 2: Affiliate Benefits

- **Advocacy & Unity:** Participation in a statewide network dedicated to maintaining the highest ethical standards, patient safety, and scope-of-practice advocacy in Trenton.
- **Educational Access:** Notices and access to regional continuing educational activities, clinical discussions, and professional development.
- **NJSPS Events:** Registration opportunities for state society educational meetings, networking events, and collaborative symposiums.
- **Practice Resources:** Access to statewide member directory resources and updates on New Jersey-specific legislative, regulatory, and aesthetic practice policies.



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ALLIED HEALTH AFFILIATE MEMBERSHIP APPLICATION

Dues Standard: \$150 to cover ONE (1) year of NJSPS Affiliate Status

Applicant Information

- **Full Name:** _____
- **Gender:** Male Female
- **Date of Birth:** _____
- **Job Title / Professional Role:** _____
- **Mailing Address: * Street:** _____
 - *City:* _____ *State:* **NJ** *Postal Code:* _____
- **Contact Details:**
 - *Phone:* _____ *Fax:* _____
 - *Email:* _____

Sponsoring NJSPS Member Physician Verification

- **Sponsoring Physician Name:** _____
- **NJSPS Member ID# (if known):** _____
- **Practice/Employer Phone:** _____

Physician Attestation: > *"I certify that the above-named applicant is of high moral, ethical, and professional competence and is currently employed by or works directly with my New Jersey plastic surgery practice."*

Signature of NJSPS Member: _____ **Date:** _____

Authorization & Information Release

1. **Bylaws Agreement:** I agree to abide by the New Jersey Society of Plastic Surgeons Bylaws and established professional conduct expectations.
 2. **Evaluation Authorization:** I authorize NJSPS to verify my professional standing, credentials, and employment status with relevant health care entities or my sponsoring physician.
 3. **Liability Release:** The Society shall not be held liable for actions taken in good faith regarding the collection, review, or verification of information compiled for this application process.
 4. **Sponsorship Letter:** I understand that a brief letter of sponsorship from my sponsoring active NJSPS member must accompany this application.
- **Applicant Signature:** _____ **Date:** _____

Submission Instructions

Please submit this completed application along with the required physician letter of sponsorship via mail or email:

- **By Mail:** New Jersey Society of Plastic Surgeons 272 Dunns Mill Rd, #276 Bordentown, NJ 08505
- **By Email:** admin@njspss.com *(or your direct society administrative inbox)*
- **Payment Details:** Secure electronic payment instructions (via credit card or Stripe) will be provided immediately upon receipt and structural review of the application documents.