



ACADEMY OF SURGICAL RESEARCH

Application for Surgical Research Specialist (SRS) Certification

Name	
Home Address 1	Home Phone
Home Address 2	Home Fax
City, State, Postal Code	Home Email

Employer Name	
Title/Position	
Work Address 1	Work Phone
Work Address 2	Work Fax
Work City, State, Postal Code	Work Email

Education	
High School	College
Other Certifications/Accreditations (LVT, LATg, etc.):	

Certification of Surgical Competence	
To be completed by a person with a doctoral degree in medicine, dentistry, or veterinary medicine or Surgical Research Specialist who has assessed the ability of the candidate in the operating room.	
<input type="checkbox"/> M.D. <input type="checkbox"/> D.D.S. <input type="checkbox"/> DVM/VMD <input type="checkbox"/> SRS <input type="checkbox"/> PhD	
I certify that I have observed _____ perform survival surgery in a reliable and reproducible manner.	

Signature	Date
Name	
Title	Degree
Address 1	Email
Address 2	Phone
City, State, Postal Code	

Office Use - Date Application Received:



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Name

Application due March 31st

Other Supporting Documentation to be Submitted:

- ☐ Resume/Curriculum Vitae
- ☐ Anesthesia/Surgical Training
- ☐ One (1) Surgical Case Log
- ☐ Two (2) Narrative Case Descriptions

Case Log Summary: *This information demonstrates that you have met minimum requirements. If you exceed requirements, choose what best demonstrates your experience. Use only cases that meet **all** requirements (primary surgeon &/or complex surgical techniques, aseptic, ≥ 72 hr survival).*

- ☐ **Case log time span (≥ 1 yr with no case older than 3 yrs prior to application deadline)**

Date of first case:

Date of last case:

Total time span (years/days):

- ☐ **Species**

Species 1:

Species 2:

Other Species:

≥ 1 Species other than rat or mouse

or

Rat and mouse only

- ☐ **Number of cases (≥ 12)**

of cases:

- ☐ **Number different procedures (≥ 2)**

Procedure 1:

Procedure 2:

- ☐ **Number of cases (≥ 24)**

- ☐ **Number of different procedures (≥ 4)**

Procedure 1:

Procedure 2:

Procedure 3:

Procedure 4:

Case Narrative Requirement Details:


- ☐ **Narrative 1 Case # from log:**

- ☐ **Narrative 2 Case # from log:**

INSTRUCTIONS:

1. Pay application fee through the [Payment Link](#).
2. Upload application and supporting documentation to the [ASR File Upload Site](#).

Please title each upload with name, certification, and content. When possible, please combine documents into a single or several organized files.

File Title Ex:  Sally Surgeon SRS Application Packet