



Fellows of the American Vein & Lymphatic Society (FACPh) are recognized for their substantial commitment and contribution to the specialty of phlebology. Fellows of the American Vein & Lymphatic Society are members who are unanimously elected by the AVLS Board of Directors.

Member Information

Please type or print clearly.

First, Mid and Last Name: _____ ID #: _____

Eligibility Requirements

1. Must have Active Membership for a minimum of 7 consecutive years. Active Date: _____
2. Must be certified by the ABVLM and currently maintaining certification. Certification Year: _____
3. Must attend 7 of last 10 Annual Congress Years Attended: _____
4. Must serve an active role on committees of the board of the Society or the Foundation for minimum of (4) years.
Committees and Years Served: _____
5. Must possess the RPhS, RVT, RVS, or RVPI (ARDMS) credential. Credential and Year: _____
6. Must provide (3) letters from existing Fellows of the AVLS. Attach or send letters to address/email below.
7. Must have a combination of the following education/participations activities (Check a minimum of 4 items):
Provide information on checked items that will help AVLS verify: Ex. Year, Program name, Committee name (Attach CV)

- | | |
|---|---|
| <input type="checkbox"/> Served as a Speaker's Bureau Committee member | <input type="checkbox"/> Served as a preceptor for the AVLS or other recognized vein organization |
| <input type="checkbox"/> Provided phlebology services on a mission trip in an underprivileged region. | <input type="checkbox"/> Received the AVLS Jobst Award |
| <input type="checkbox"/> Served as an instructor in an AVLS Annual Congress, regional symposium, or UIP | <input type="checkbox"/> Received the Research-In-Practice Grant |
| <input type="checkbox"/> Presented an abstract at the AVLS Annual Congress or UIP | <input type="checkbox"/> Received the Research Trainee Grant |
| <input type="checkbox"/> Presented a poster at the AVLS Annual Congress or UIP | <input type="checkbox"/> Received the Junior Faculty Investigator Grant |

By checking this box, I agree to the requirements necessary to maintain Fellow Status. I will be a member in good standing of the American Vein & Lymphatic Society and follow the guidelines and standards set forth by AVLS to advance vein care and promote phlebology education. I understand that payment of Fellow Annual Dues will be in the amount of \$550. I understand that I must attend one annual congress of the AVLS every two years for the first six years of being a Fellow. After the sixth year, there is no further attendance requirement in order to retain Fellow status.

For Office Use Only	Received:	#1 -#5 Verified by:	#6 3 letters received	#7 CV Rec'd & Verified by:
For Office Use Only Entered in DB/ID #	Pull member folder:	Approved by Mbr Comm.:	Approved by Board	Send Letter & Cert