



INTERNATIONAL SOCIETY OF  
AESTHETIC PLASTIC SURGERY

APPLICATION for  
**Visiting Professor Program (VPP)**

**This application can only be accepted for programs that meet the following criteria:**

1. Program is intended for an audience of plastic surgery **residents and fellows**.
2. **ISAPS National Secretary** in the country where the program is to be held must be involved.
3. **National Society** in the country where the program is to be held must approve.
4. Applications must be completed by a current, active member of ISAPS.
5. Applications must be approved before there is ANY mention of the VPP in any promotional materials.
6. Program must be submitted with application **no less than three months** before the program dates.

**You must enclose all of the following items with your application.**

- Letter or email confirming the agreement of the **ISAPS National Secretary** in your country.
- Letter confirming **approval by the National Society of Plastic Surgery**.
- Description and number of Residents/Fellows who will attend, for example:  
2 first year residents, 4 second year residents, 4 third year residents, 2 Fellows
- Proposed program** specify times for lectures, live surgery, open discussion.
- Description of any meeting where the Visiting Professor will also be asked to speak during his/her visit.

**Name of Professor Requested:** \_\_\_\_\_

**Meeting Venue (facility and city):** \_\_\_\_\_

**Date(s):** \_\_\_\_\_ **Total number of Attendees Expected:** \_\_\_\_\_

**Sponsoring Society (required):** \_\_\_\_\_

**ISAPS Member Completing Application:** \_\_\_\_\_

**National Secretary responsible for program oversight:** \_\_\_\_\_

**Name of PRIMARY Contact:** \_\_\_\_\_

**E-mail of PRIMARY Contact:** \_\_\_\_\_

**APPLICATIONS and all required documents must be sent by email to:**

**Catherine B. FOSS**, ISAPS Executive Director

Email / [isaps@isaps.org](mailto:isaps@isaps.org)