



Society of Plastic Surgical Skin Care Specialists

Membership Application & Renewal

Annual Fee: \$175.00

Mission Statement

The Society of Plastic Surgical Skin Care Specialists (**SPSSCS**) is a voluntary, non-profit organization dedicated to the promotion of education, enhancement of clinical skills and the delivery of safe, quality skin care provided to patients from the offices of plastic surgeons certified by, or eligible to sit for examination by the American Board of Plastic Surgery or the Royal College of Physicians and Surgeons of Canada.

Name With Credentials: _____

Cosmetologist Aesthetician RN

Physician Other _____

Work Address: _____

City, State, Zip: _____

Work Phone: _____

Fax: _____

E-mail: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Licensed in the State of : _____

License # & Expiration: _____

(copy of current license MUST be submitted with membership application)

Employing
Doctor's Name: _____

(This section MUST be complete for membership to be processed)

Certification by: American Board of Plastic Surgery
 Royal College of Physicians & Surgeons
 Member of ISAPS or IPRAS

Date of certification: _____

Certificate #: _____

Applicant's Signature: _____

Physician's Signature: _____

Your Primary Product Line: _____

Membership Qualifications

The **SPSSCS** offers membership opportunities for licensed plastic surgical skin care specialists **practicing in the offices of Board Certified Plastic Surgeons**. Membership is open to registered nurses, licensed practical nurses or licensed skin care professionals practicing under the direct supervision of a plastic surgeon certified by or eligible for examination by the ABPS or the Royal College of Physicians and Surgeons of Canada.

For International plastic surgeons, proof of membership in either the International Society of Aesthetic Plastic Surgery (ISAPS), or the International Confederation of Plastic Reconstructive and Aesthetic Surgery (IPRAS) is sufficient.

Areas of Specialization: (please select ONLY four)

- | | |
|--|--|
| <input type="checkbox"/> Appearance Counseling | <input type="checkbox"/> Laser Treatments |
| <input type="checkbox"/> Body Treatments | <input type="checkbox"/> Lymphatic Drainage |
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Micropigmentation |
| <input type="checkbox"/> Clinical Administration/
Marketing | <input type="checkbox"/> Nutrition Counseling |
| <input type="checkbox"/> Corrective and
Camouflage Makeup | <input type="checkbox"/> Preoperative Care
Planning |
| <input type="checkbox"/> Corrective Skin Therapy | <input type="checkbox"/> Postoperative Wound
Management |
| <input type="checkbox"/> Exfoliation Treatments | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Facials and Masks | _____ |
| <input type="checkbox"/> Injectable Therapies | _____ |

A copy of your license MUST BE included with your renewal or new membership fee of \$175.00
An exemption will be made for those members residing in states that do not require licensure.

A check made payable to SPSSCS (in US Dollars) is enclosed

Credit Card Number: _____

Expiration Date: _____ M/C Visa Amex

Name on Card: _____

Signature: _____

Mail or Fax to:

SPSSCS, 11081 Winners Circle, Los Alamitos, CA 90720, USA

Phone: 562-799-0466 • Fax: 562-799-1098

E-mail: skincare@surgery.org