



# THE CLEVELAND SURGICAL SOCIETY

Established 1949

## PRESIDENT (2018-2019)

**John J Como MD MPH**  
MetroHealth Medical Center  
Cleveland, OH

## PRESIDENT-ELECT (2019-2020)

**Tony Capizzani MD**  
Cleveland Clinic Foundation  
Cleveland, OH

## SECRETARY-TREASURER (2011-2019)

**Frederick A Slezak MD MBA**  
Summa Health System  
Akron, OH

## PAST PRESIDENT (2017-2018)

**Stephanie Valente DO**  
Cleveland Clinic Foundation  
Cleveland, OH

## HISTORIAN

**Paul Priebe MD**  
MetroHealth Medical Center  
Cleveland, OH

## CHAIR, ESSAY CONTEST

**Tony Capizzani MD**  
Cleveland Clinic Foundation  
Cleveland, OH

## COUNCILORS

**Noaman Ali MD (2018 – 2021)**  
Akron General Medical Center  
Akron, OH

**Scott Wilhelm MD (2016-2019)**  
University Hospitals  
Cleveland, OH

**Scott Steele (2017-2020)**  
Cleveland Clinic Foundation  
Cleveland, OH

**Mary Carneval DO (2018-2021)**  
CCF Euclid, South Pointe, Marymount  
Cleveland, OH

**Michael Valente DO (2018-2021)**  
Cleveland Clinic Foundation  
Cleveland, OH

**Megan Miller MD (2018-2021)**  
University Hospitals  
Cleveland, OH

**Molly Flannagan MD (2018-2021)**  
Cleveland Clinic Foundation  
Cleveland, OH

## CONTACT

**The Cleveland Surgical Society**  
c/o Frederick A Slezak MD MBA  
95 Arch Street  
Suite 150  
Akron, Ohio 44304

[admin@clevelandsurgical.org](mailto:admin@clevelandsurgical.org)

Fall 2018

RE: Membership Application

Thank you for your inquiring concerning membership in The Cleveland Surgical Society. Organized in 1949, this Society brings together surgeons from all Northeastern Ohio in an educational venue.

*The mission of the Cleveland Surgical Society is to improve the science and art of surgery and the interchange of medical knowledge and information, to promote research to improve the quality and safety of surgery and surgical procedures and to engage in scientific or educational programs for the benefit of the surgeons and medical community of Northeastern Ohio.*

Please find attached a one-page application for membership in this Society. There are two categories of membership: Active and Associate (board certification pending). Sponsorship is no longer a requirement if active in clinical practice in the northeastern Ohio region.

Current annual dues are \$250 per year and are payable after acceptance to the organization. There is no application fee.

Please feel free to submit this application by mail, email or fax. For further information concerning The Cleveland Surgical Society please visit our website [www.clevelandsurgical.org](http://www.clevelandsurgical.org).

Sincerely,

The Executive Council of the Cleveland Surgical Society

Email: [admin@clevelandsurgical.org](mailto:admin@clevelandsurgical.org)

FAX: 330-564-0733

Mail: The Cleveland Surgical Society  
c/o 95 Arch Street  
Suite 150  
Akron, Ohio 44304

Active  
 Associate

### APPLICATION FOR MEMBERSHIP



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Undergraduate Education: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Medical School: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Internship: \_\_\_\_\_ Date: \_\_\_\_\_

Residences and Graduate Education: \_\_\_\_\_

How long have you been in practice in Cleveland? \_\_\_\_\_

Current Hospital Affiliation(s):

\_\_\_\_\_  
City \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_

Certification by the American Board of Surgery or its equivalent \_\_\_\_\_ Date \_\_\_\_\_

Fellowship in the American College of Surgeons or its equivalent \_\_\_\_\_ Date: \_\_\_\_\_

(Please send copy of certification or equivalent with application)

Associate applicants – date of planned board exams \_\_\_\_\_

Certification or Membership in other National Surgical Organizations:

\_\_\_\_\_  
\_\_\_\_\_

Membership in local Medical Societies \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Sponsors are to be Active Members of the Cleveland Surgical Society.

\_\_\_\_\_  
(Please print name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Please print name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Recommendation of Membership Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation of Executive Council: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptance Letter Mailed: \_\_\_\_\_ CSS Certificate given: \_\_\_\_\_