



International Society of Hair Restoration Surgery

Membership Application Cover Page

Please submit this cover page along with the following documents:

Today's date: _____

- Complete Application, including signatures where indicated.
- Copy of current medical license for the jurisdiction in which applicant will be listed on the ISHRS website.
- Curriculum Vitae (CV)
- Applications for full Member require one letter of recommendation from an ISHRS full or Fellow Member.

I understand that my website/clinic website and all social media sites will be reviewed by the ISHRS Membership Committee to ensure improper messaging is not present. This also includes any versions of the website and social media sites published in other languages.

I have read the ISHRS Code of Ethics and ISHRS Code of Ethics Disciplinary Procedures and agree to their terms.

NAME _____

IMPROPER MESSAGING (should not be present on your website)

A. Misrepresenting Credentials and Violating Intellectual Property Rights. The following publications are fraudulent, mislead the public, and violate various state and federal laws:

1. Inaccurate Credentials. Incorrectly claiming to be certified by the American Board of Hair Restoration Surgery ("ABHRS") or claiming to be a member or Fellow of the ISHRS, and otherwise stating or suggesting any expertise in hair restoration surgery that is false.
2. Misrepresenting Board Certification. Members should identify their specific medical specialty certifying board when marketing their board certification in the public domain. Members may not claim to be board certified by the ISHRS, or to make an inference of the same. Language such as "board certified hair restoration surgeon" is not acceptable.
3. Misrepresenting Photographs. Publishing photographs of other physicians' patients in any manner that states or suggests they are patients of the publishing practice.
4. Copyright/Trademark Violations in General. Republishing or otherwise representing the photographs, publications, tradenames, logos, or other trademarks of another practitioner without permission in violation of the owner's copyrights and/or trademarks.
5. ISHRS Trademark Violations. Republishing or otherwise representing the ISHRS's photographs, publications, name, logos and other trademarks in any manner inconsistent with the ISHRS's Trademark Use Policy (e.g., use of Fellows Logo by non-Fellow members; use of Members Logo by anyone other than Full Members; any individual using the ISHRS's Logo).

B. Improper Use of Staff. The following practice may mislead the public and violate various state and federal laws.

6. Unauthorized Practice of Medicine. Unlicensed, non-physicians performing surgical procedures.
7. Lack of Informed Consent. Non-physicians participating in hair restoration procedures without the patient's informed consent.

C. Misleading Language. Use of the following terms and phrases in marketing by a hair restoration surgeon may mislead the public and violate various state and federal laws.

- | | |
|---------------------------|---|
| 8. "Scarless surgery" | 14. "Non-invasive" |
| 9. "No incision" | 15. "Eliminates the need for additional procedures" |
| 10. "No touch" | 16. "Pain free" |
| 11. "No cutting" | 17. "Guaranteed results" |
| 12. "Cloning" | 18. "Unlimited grafts" |
| 13. "Hair multiplication" | 19. "No risk" |

Membership Application

International Society of Hair Restoration Surgery

1932 S. Halsted St., Suite 413, Chicago, IL 60608 USA
Tel: +1-630-262-5399 or U.S. Tollfree +1-800-444-2737 • Fax +1-630-262-1520
E-mail: info@ishrs.org • Website: www.ishrs.org



INSTRUCTIONS:

1. Read the current ISHRS Bylaws, Code of Ethics, Code of Ethics Disciplinary Procedures, and Membership Agreement, and watch the New Member Applicant Video at <https://ishrs.org/physicians/join-ishrs/>. You must complete and sign the Affirmations section in this Application. The Bylaws, Code of Ethics, and Code of Ethics Disciplinary Procedures can be obtained via the ISHRS website at <https://ishrs.org/physicians/join-ishrs/>. The Membership Agreement is included in this document.
2. Complete the Application form below. E-mail the completed form, required supporting materials, and application fee to: info@ishrs.org. **Submit English translation of all documents, where applicable.**

Required supporting materials for each category–

Associate Member applicants: 1. Copy of current medical license for the jurisdiction in which applicant will be listed on the ISHRS website. The medical license **must** have an issue date and an expiration date visible on it. Per ISHRS Bylaws, Associate Membership is limited to physicians who have an MD (Doctor of Medicine), DO (Doctor of Osteopathic Medicine), or non-U.S. equivalent medical degree, and a current medical license in the area in which the applicant practices. 2. Copy of current Curriculum Vitae (CV).

Member applicants: 1. Copy of current medical license for the jurisdiction in which applicant will be listed on the ISHRS website. The medical license **must** have an issue date and an expiration date visible on it. Per ISHRS Bylaws, Membership is limited to physicians who have an MD (Doctor of Medicine), DO (Doctor of Osteopathic Medicine), or non-U.S. equivalent medical degree, and a current medical license in the area in which the applicant practices. 2. One letter of recommendation is required, from an ISHRS Member or Fellow Member. The letter must be submitted on the clinic letterhead of the recommending physician and signed. 3. Copy of current Curriculum Vitae (CV).

Associate Members applying for Member category must submit the completed application, and one letter of recommendation from a Member or Fellow Member of the ISHRS stating that they recommend the applicant for full Member status. There is no application fee for Associate Members to apply for Member category.

To meet the Minimum Educational Commitment, applicants must either earn certification by the American Board of Hair Restoration Surgery (ABHRS) and attend at least two ISHRS approved meetings or attend at least four ISHRS approved meetings. See the ISHRS website for the list of approved meetings. Applicants for Member category may, but need not be, Associate Members. In order to maintain Member status, the Member must attend at least one ISHRS approved meeting every three years. Failure to attend at least one ISHRS approved meeting every three years will result in the automatic change of membership status to Associate Member.

Fellow Member applicants: This application is not for Fellow Member applicants. Applicants for this category must complete the Scorecard of Eligibility for Fellow Category found in Members Only section of ISHRS website. Per the ISHRS Bylaws, Fellow membership is limited to those Members who demonstrate support for the purposes and activities of the Society and dedication to the field of hair restoration surgery through the satisfaction of additional criteria as determined from time to time by the Board of Governors.

Adjunct Member applicants: 1. A letter of attestation of good moral character from a Fellow Member, Member, or Associate Member of the Society, evidence of doctorate in biomedical-related area from degree granting institution, and a detailed statement outlining current academic activities in hair research. 2. Copy of current Curriculum Vitae (CV).

Resident Member applicants: 1. Copy of current medical license and letter from residency program director. 2. One letter of recommendation is required, from an ISHRS Member or Fellow Member. The letter must be submitted on the clinic letterhead of the recommending physician and signed. 3. Copy of current Curriculum Vitae (CV).

Surgical Assistant Member applicants: 1. Letter from employing physician member (Fellow Member, Member, or Associate Member) who has a clinical hair restoration practice and performs hair restoration surgery, attesting to the fact that applicant is a current employee of that member and assists during surgery. 2. Copy of current healthcare license. The license must be in the same jurisdiction in which the applicant is located, and the jurisdiction as the physician member who must be licensed in that state/location.

Member Category in which you are applying:

Associate Member Member Adjunct Member Resident Member Surgical Assistant Member

How did you hear about ISHRS? _____

NAME: _____
First or Given Name Middle Initial Last Name or Surname or Family Name Degree (e.g., MD, MBBS, PhD)

BIRTHDATE: _____ SEX: Male Female
Month/Day/Year

PRIMARY ADDRESS: _____

CITY: _____ STATE/REGION: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE*: _____ MOBILE PHONE*: _____

E-MAIL: _____ WEBSITE: _____

SOCIAL MEDIA URLS: _____
(Facebook, Twitter, YouTube, Instagram)

ALTERNATE ADDRESS: _____

CITY: _____ STATE/REGION: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE*: _____ FAX*: _____

E-MAIL: _____ WEBSITE: _____

SOCIAL MEDIA URLS: _____
(Facebook, Twitter, YouTube, Instagram)

(continued next page)

*Please include country code

NAME: _____
First or Given Name Middle Initial Last Name or Surname or Family Name Degree (e.g., MD, MBBS, PhD)

ADDRESS PREFERENCES:

To receive mail from the ISHRS Primary Alternate

Membership Directory listing that is distributed to members only Primary Alternate

"Find a Doctor" search* listing on the ISHRS website* Primary Alternate

*Only Members and Fellow Members may be listed in the online Find a Doctor database. Associate Members are listed by name and location on a separate list. You must use the location where you possess a valid unrestricted medical license. The member must notify the Secretary within 60 days if there is an error or change in their listing as it relates to where they possess a valid medical license.

ASSOCIATE MEMBER, MEMBER, AND RESIDENT MEMBER APPLICANTS COMPLETE THIS SECTION

MEDICAL SCHOOL: _____

YEAR ENTERED: _____ YEAR COMPLETED: _____

INTERNSHIP: _____

YEAR ENTERED: _____ YEAR COMPLETED: _____

RESIDENCY: _____ TYPE: _____

YEAR ENTERED: _____ YEAR COMPLETED: _____

MEDICAL LICENSURE NUMBER: _____ DATE: _____

STATE/JURISDICTION: _____ ANY CURRENT ACTIONS AGAINST YOUR LICENSE? Yes* No
*If Yes, provide detail/explanation.

INDICATE PRIMARY TRAINING BACKGROUND SPECIALTY: Choose from list. _____
Specialty background information is for tracking and statistical purposes only.

- 01 - Allergy and Immunology
- 02 - Anesthesiology
- 03 - Colon and Rectal Surgery
- 04 - Dermatology
- 05 - Emergency Medicine
- 06 - Family Medicine
- 07 - Internal Medicine
- 08 - Medical Genetics
- 09 - Neurological Surgery
- Nuclear Medicine
- 10 - Obstetrics and Gynecology
- 12 - Ophthalmology
- 13 - Orthopedic Surgery
- 14 - Otolaryngology
- 15 - Pathology
- 16 - Pediatrics
- 17 - Physical Medicine and Rehabilitation
- 18 - Plastic Surgery
- 19 - Preventive Medicine
- 20 - Psychiatry and Neurology
- 21 - Radiology
- 22 - General Surgery
- 23 - Thoracic Surgery
- 24 - Urology
- 25 - Other

LETTERS OF RECOMMENDATION:

Note to Member applicants: For those who are already Associate Members or who meet the requirement for full Member, one letter of recommendation is required from a current ISHRS Member or Fellow Member, stating that they recommend you for full Member. The letter must be submitted on the clinic letterhead of the recommending physician and signed. The letter template can be found on the ISHRS website: <http://www.ishrs.org/ishrs-members.htm>

MEMBER APPLICANTS COMPLETE THIS SECTION

MINIMUM EDUCATIONAL COMMITMENT FORM

Applicants must: either earn certification by the American Board of Hair Restoration Surgery (ABHRS) and attend at least one ISHRS approved meetings, or attend at least two ISHRS approved meetings. See ISHRS website for list of approved meetings: <http://www.ishrs.org/ishrs-members.htm> Use the lines below to list the ISHRS approved meetings that you attended. Include meeting name and dates.

- ABHRS certification
- _____
- _____

NAME: _____
First or Given Name Middle Initial Last Name or Surname or Family Name Degree (e.g., MD, MBBS, PhD)

ADJUNCT MEMBER APPLICANTS COMPLETE THIS SECTION

DOCTORAL SCHOOL: _____

YEAR ENTERED: _____ YEAR COMPLETED: _____

FIELD OF STUDY: _____

LETTERS OF ATTESTATION:

A letter of attestation of good moral character from a Fellow Member, Member, or Associate Member of the Society, evidence of doctorate in biomedical-related area from degree granting institution, and a detailed statement outlining current academic activities in hair research

SURGICAL ASSISTANT MEMBER APPLICANTS COMPLETE THIS SECTION

CREDENTIALS: _____

EMPLOYING PHYSICIAN: _____

Must be a current ISHRS Fellow Member, Member, or Associate Member.

EMPLOYING PHYSICIAN SIGNATURE: _____

Signing indicates acknowledgement that the listed Surgical Assistant is currently a full-time or permanent part-time employee, assists during surgery, and is a licensed health care professional in the same jurisdiction as the employing physician.

ALL APPLICANTS COMPLETE THIS SECTION

NON-REFUNDABLE APPLICATION FEE

	Application Fee payable now	Annual Dues, subject to change (Invoiced after acceptance)
<input type="checkbox"/> Associate Member	\$150	\$750
<input type="checkbox"/> Member	\$150	\$750
<input type="checkbox"/> Adjunct Member	\$150	\$750
<input type="checkbox"/> Resident Member	\$75	\$335
<input type="checkbox"/> Surgical Assistant Member	\$75	\$275

Payment in U.S. Dollars must accompany application. Indicate method of payment.
Dues amounts subject to adjustments for the upcoming fiscal year.

Check enclosed, payable to:
International Society of Hair Restoration Surgery
1932 S. Halsted St., Suite 413, Chicago, IL 60608 USA

MasterCard Visa American Express

Card number: _____ Exp. Date _____ Billing Zip Code _____

Name on card (print): _____

Signature: _____

NAME: _____
First or Given Name Middle Initial Last Name or Surname or Family Name Degree (e.g., MD, MBBS, PhD)

ALL APPLICANTS COMPLETE THIS SECTION

AFFIRMATIONS

I, _____ hereby apply for membership in the International Society of Hair Restoration Surgery ("ISHRS")

The International Society of Hair Restoration Surgery is a nonprofit corporation, exempt from U.S. federal income tax pursuant to Internal Revenue Code Section 501(c)(3), organized and operated exclusively for charitable, educational, literary, and scientific purposes. As further explained by its Bylaws, the ISHRS's purpose is to advance the art and science of hair restoration by licensed, experienced physicians who are qualified to practice this type of medicine and who will do so with the highest degree of skill and artistry; to encourage the free interchange of ideas, knowledge, and experience among its members in order to maintain the skills and artistry of those members at the highest possible level of skill and knowledge; to encourage professional excellence and to promote amicable relations among the members; and to encourage continuing medical education in hair restoration surgery ("Exempt Purpose").

In consideration of ISHRS processing my application for membership, I hereby grant permission for the ISHRS to obtain information regarding hospital staff privileges and actions relating thereto, information from former medical society affiliations, specialty organizations, the American Medical Association, appropriate State medical societies, medical schools and other organizations providing medical training including internship and residencies.

I further authorize disclosure of information generally considered to be reliable which has a bearing on my professional competence, character and ethical qualifications to all hospitals and medical licensing and discipline boards who request such information.

By submitting my application, I further agree to be subject to the ISHRS Code of Ethics Disciplinary Procedures ("Disciplinary Procedures"), and acknowledge the ISHRS is authorized to investigate alleged violations of the ISHRS Code of Ethics that may have occurred before I submitted this application or while this application remains pending, and that the ISHRS is authorized to take actions set forth in the Disciplinary Procedures.

I hereby release and hold harmless from any liability or loss, the ISHRS, its officers, agents, employees and members for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the ISHRS, to its authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership.

I further release from liability the ISHRS, its officers, agents, employees and members for delivery of information to any third party as authorized herein provided such delivery occurs prior to the acknowledged receipt, in the office of the ISHRS, or a written notice of revocation of this release.

I represent that I have read the ISHRS Membership Agreement within this document; I know its contents; I entered into it as a free and voluntary act; and I agree to abide by its terms as a condition of my ISHRS membership.

INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY MEMBERSHIP AGREEMENT

By becoming an International Society of Hair Restoration Surgery ("ISHRS") member, you agree to be bound by this Membership Agreement which forms a legally enforceable contract between the ISHRS and you. If you do not wish to be bound or intend to abide by this Agreement, you should not sign this Agreement. However, if you do not sign this Agreement, you will not be permitted to become or continue as an ISHRS member.

The ISHRS is a nonprofit corporation, exempt from U.S. federal income tax pursuant to Internal Revenue Code Section 501(c)(3), organized and operated exclusively for charitable, educational, literary, and scientific purposes. As further explained by its Bylaws, the ISHRS's purpose is to advance the art and science of hair restoration by licensed, experienced physicians who are qualified to practice this type of medicine and who will do so with the highest degree of skill and artistry; to encourage the free interchange of ideas, knowledge, and experience among its members in order to maintain the skills and artistry of those members at the highest possible level of skill and knowledge; to encourage professional excellence and to promote amicable relations among the members; and to encourage continuing medical education in hair restoration surgery ("Exempt Purpose").

In consideration for being granted membership in the ISHRS, you agree as follows:

- 1. Membership.** As an ISHRS member, you will enjoy the rights and privileges identified in the ISHRS's Articles of Incorporation, Bylaws, and/or other policies. The ISHRS may alter member rights, privileges, and responsibilities in its discretion and without any liability to you.
- 2. Dues.** You agree to pay all dues established by the ISHRS in the manner and within the time specified by the ISHRS.
- 3. Governing Documents Adherence.** You agree to abide by the ISHRS's Articles of Incorporation, Bylaws, Code of Ethics, Code of Ethics Disciplinary Procedures, Alert Regarding Misleading and Improper Messaging, and other ISHRS policies, procedures, and rules (collectively "Governing Documents"). Without limiting the foregoing, you agree the ISHRS may discipline you as provided in the Governing Documents.
- 4. Disclaimer.** You agree your ISHRS membership and any goods and services provided by the ISHRS in connection therewith (collectively "Services") are provided AS-IS without any representations or warranties of any kind or nature express, implied, or statutory. The ISHRS disclaims all representations and warranties, express, implied, and statutory, including, but not limited to, any implied warranties of merchantability, fitness for a particular purpose, workmanship, and non-infringement to the fullest extent permitted by applicable law.
- 5. Defense, Indemnification, and hold harmless.** You shall defend, indemnify, and hold harmless the ISHRS and its directors, governors, officers, employees, volunteers, agents, and other representatives and contractors (collectively "Indemnified Parties") against all claims, demands, actions, causes of action, losses, damages, costs, and expenses of any kind (including, without limitation, legal fees and costs), directly or indirectly resulting from, arising out of, or in any way related to your ISHRS membership.
- 6. Waiver of Liability.** YOU HEREBY WAIVE ANY AND ALL CLAIMS, ACTIONS, CAUSES OF ACTION, LOSSES, AND DAMAGES OF ANY KIND OR NATURE, YOU MAY HAVE AGAINST THE ISHRS AND/OR THE INDEMNIFIED PARTIES DIRECTLY OR INDIRECTLY RESULTING FROM, ARISING OUT OF, OR IN ANY WAY RELATED TO YOUR MEMBERSHIP IN THE ISHRS INCLUDING, BUT NOT LIMITED TO, ANY DISCIPLINE IMPOSED ON YOU BY THE ISHRS. THIS WAIVER OF LIABILITY APPLIES TO ALL CLAIMS, ACTIONS, CAUSES OF ACTION, LOSSES, AND DAMAGES OF ANY KIND OR NATURE WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, DIRECT, INDIRECT, GENERAL, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, STATUTORY, CONTRACTUAL, OR DAMAGES OR LOSSES OF ANY OTHER KIND OR TYPE. THIS WAIVER OF LIABILITY APPLIES WHETHER THE ALLEGED LIABILITY IS BASED ON CONTRACT, NEGLIGENCE, TORT, STRICT LIABILITY, OR ANY OTHER BASIS AND EVEN IF THE INDEMNIFIED PARTIES KNEW OR SHOULD HAVE KNOWN OF THE POSSIBILITY OF SUCH DAMAGES. THIS WAIVER OF LIABILITY SHALL BE ENFORCEABLE TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW.
- 7. Attorney's Fees and Costs.** Should the ISHRS require an attorney to: (i) defend any claim, action, or cause of action brought by you or by a third party regarding your ISHRS membership or conduct; and/or (ii) enforce the ISHRS's rights under this Agreement, the ISHRS shall be entitled to recover reasonable attorney's fees and any related fees and costs incurred by the ISHRS in connection therewith.
- 8. Governing Law and Choice of Forum.** This Agreement was entered into in the State of Illinois, and shall be governed by and construed in accordance with the substantive laws of the State of Illinois, excluding its choice of law rules. Any dispute arising out of this Agreement shall reside in either Cook County Circuit Court or the United States District Court for Northern Illinois.
- 9. Miscellaneous.** If any provision of this Agreement is unenforceable, the unenforceability of that provision shall not affect the enforceability of any other provision. If the ISHRS agrees to waive its right in a particular instance to enforce any term of this Agreement, it does not waive its right to enforce such term at any other time. This Agreement constitutes the entire agreement between the ISHRS and you regarding the subject matter hereof. There are no representations, understandings, or agreements that are not fully expressed in this Agreement. All prior agreements, verbal or written, are no longer effective. Provisions 4 through 9 shall survive the termination of your ISHRS membership.

You represent that: you read this ISHRS Membership Agreement; you know its contents; you entered into it as a free and voluntary act; and you agree to abide by its terms as a condition of your ISHRS membership.

Signature

Print Name

Date

APPENDIX 1

In furtherance of its Exempt purpose, the ISHRS has also adopted the “ISHRS Position Statement on Qualifications for Scalp Surgery” (inserted below) in an effort to encourage professional excellence and patient safety in hair restoration surgery.

ISHRS Position Statement on Qualifications for Scalp Surgery

The position of the International Society of Hair Restoration Surgery is that any procedure involving a skin incision for the purpose of tissue removal from the scalp or body, or to prepare the scalp or body to receive tissue, (e.g., incising the FUE graft, excising the donor strip, creating recipient sites) by any means, including robotics, is a surgical procedure. Such procedures must be performed by a properly trained and licensed physician. All FUE harvesting tools, including robotic devices, are considered extensions of the hand of the operator, and as such, all operators of these devices must be physicians.

Physicians who perform hair restoration surgery must possess the education, training, and current competency in the field of hair restoration surgery.

The ISHRS believes the following aspects of hair restoration surgery should only be performed by a licensed physician:

- Preoperative diagnostic evaluation
- Surgery planning
- Surgery execution including: Donor hair harvesting, Hairline design, Recipient site creation, and Management of other patient medical issues and possible adverse reactions
- Post-operative care

The ISHRS recognizes the delegation of the listed aspects of hair restoration procedures as follows: in some countries, accredited health professional groups, for example, Physician Assistants (U.S.), Physician Associates (U.K.), Nurse Practitioners (U.S. and U.K), Surgical Care Practitioners (U.K.), are licensed to perform medical and surgical procedures under specific criteria. These health professionals are accountable to their licensing authority for unethical conduct. In these countries, the ISHRS recognizes that such professional groups are practicing legally, and the ISHRS approves of this as long as they are practicing within the scope of their license and under the supervision of a licensed physician who performs hair surgery and possesses the education, training, and current competency in the field of hair restoration surgery.

The ISHRS believes it is unethical for an individual to travel to a state and/or country in which he or she is not licensed and perform the surgical aspects of hair restoration.

The ISHRS also believes it is unethical for a doctor to train an individual to perform surgery who is not an accredited health professional licensed to do so.

ISHRS members are required to agree to and abide by the ISHRS Code of Ethics and ISHRS Position Statement on Qualifications for Scalp Surgery. Violators will be subject to disciplinary actions.

Adopted by the Board of Governors, 11/13/2019

By signing, you represent that you acknowledge the ISHRS Position Statement on Qualifications for Scalp Surgery establishing the “best practices” standard of the ISHRS; and that you are conducting your own medical practice consistent with this standard.

Signature

Date

APPENDIX 2

In furtherance of its Exempt purpose, the ISHRS has also adopted guidelines to help members avoid what can be universally considered as misleading and improper messages. **The following are considered misleading and improper. Websites and marketing materials will be reviewed to assure these are not included.**

ALERT REGARDING MISLEADING AND IMPROPER MESSAGING

The International Society of Hair Restoration Surgery (“ISHRS”) understands the importance of the public being informed about hair restoration surgery and the causes and scientifically proven therapies for hair loss, and recognizes many patients are misled by false or confusing messages marketed by hair restoration surgeons.

Accordingly, the ISHRS developed the Improper Messaging list below to help: (i) protect patients seeking hair restoration surgery by providing a list of items that should raise red flags; and (ii) its members avoid prohibited, improper, potentially misleading, and/or confusing messages and advertisements.

IMPROPER MESSAGING

- A. Misrepresenting Credentials and Violating Intellectual Property Rights.** The following publications are fraudulent, mislead the public, and violate various state and federal laws:
1. **Inaccurate Credentials.** Incorrectly claiming to be certified by the American Board of Hair Restoration Surgery (“ABHRS”) or claiming to be a member or Fellow of the ISHRS, and otherwise stating or suggesting any expertise in hair restoration surgery that is false.
 2. **Misrepresenting Board Certification.** Members should identify their specific medical specialty certifying board when marketing their board certification in the public domain. Members may not claim to be board certified by the ISHRS, or to make an inference of the same. Language such as “board certified hair restoration surgeon” is not acceptable.
 3. **Misrepresenting Photographs.** Publishing photographs of other physicians’ patients in any manner that states or suggests they are patients of the publishing practice.
 4. **Copyright/Trademark Violations in General.** Republishing or otherwise representing the photographs, publications, tradenames, logos, or other trademarks of another practitioner without permission in violation of the owner’s copyrights and/or trademarks.
 5. **ISHRS Trademark Violations.** Republishing or otherwise representing the ISHRS’s photographs, publications, name, logos and other trademarks in any manner inconsistent with the ISHRS’s Trademark Use Policy (e.g., use of Fellows Logo by non-Fellow members; use of Members Logo by anyone other than Full Members; any individual using the ISHRS’s Logo).
- B. Improper Use of Staff.** The following practice may mislead the public and violate various state and federal laws.
6. **Unauthorized Practice of Medicine.** Unlicensed, non-physicians performing surgical procedures.
 7. **Lack of Informed Consent.** Non-physicians participating in hair restoration procedures without the patient’s informed consent.
- C. Misleading Language.** Use of the following terms and phrases in marketing by a hair restoration surgeon may mislead the public and violate various state and federal laws.
- | | |
|---------------------------|---|
| 8. “Scarless surgery” | 14. “Non-invasive” |
| 9. “No incision” | 15. “Eliminates the need for additional procedures” |
| 10. “No touch” | 16. “Pain free” |
| 11. “No cutting” | 17. “Guaranteed results” |
| 12. “Cloning” | 18. “Unlimited grafts” |
| 13. “Hair multiplication” | 19. “No risk” |

By signing, you represent that you have read, understand, and agree to avoid prohibited, improper, potentially misleading, and/or confusing messages and advertisements.

Signature

Date

I HEREBY AFFIRM AND REPRESENT THAT ALL STATEMENTS, ANSWERS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature _____ Date: _____

INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

MEMBERSHIP CATEGORIES

Associate Member: Associate Members shall be physicians (MD, DO, or Non-U.S. equivalent) of good moral character and standing in the community who are fully licensed to practice medicine, and have an interest in hair restoration and scalp surgery. Applicants for Associate Membership must complete the application and submit it along with the following: a copy of a current medical license for the jurisdiction in which the person practices medicine and a current Curriculum Vitae (CV). Associate Members cannot vote or hold office in the Society, and they may not use the ISHRS Members Only logo on their websites or in any other promotional materials.

- A \$150 non-refundable application fee is due upon application submittal. Upon admission to membership and payment of dues, Associate Members shall receive a subscription to the bimonthly publication *Hair Transplant Forum International*, the monthly journal, *Dermatologic Surgery*, and periodic e-journals, and *Drugs in Dermatology*, and be assessed the annual dues.

Members: Members shall be physicians (MD, DO, or Non-U.S. equivalent) of good moral character and standing in the community who are fully licensed to practice medicine, have an interest in hair restoration and scalp surgery, and meet the additional minimum educational requirements (Minimum Educational Commitment). Applicants for Member must complete the application and submit it along with the following: a copy of current medical license for the jurisdiction in which the person will be listed on the ISHRS website, a completed Minimum Educational Commitment form and one letter of recommendation. The letter must be submitted on the clinic letterhead of the recommending physician and signed.

Associate Members applying for Member category must submit the completed application, and one letter of recommendation from a Member or Fellow Member of the ISHRS stating that they recommend the applicant for full Member status. The letter should be submitted on the clinic letterhead of the recommending physician and signed. There is no application fee for Associate Members to apply for Member category.

To meet the Minimum Educational Commitment, applicants must either earn certification by the American Board of Hair Restoration Surgery (ABHRS) and attend at least one ISHRS approved meeting or attend at least two ISHRS approved meetings. See the ISHRS website for the list of approved meetings. Applicants for Member category may, but need not be, Associate Members. In order to maintain Member status, the Member must attend at least one ISHRS approved meeting every three years. Failure to attend at least one ISHRS approved meeting every three years will result in the automatic change of membership status to Associate Member.

Reinstatement to Member status requires attendance at at least one ISHRS approved meeting. Such reinstatement will take place at the next ISHRS annual meeting by recommendation of the Membership Committee. Members may vote and hold office in the Society, and they may use the ISHRS Members Only logo on their websites and in other promotional materials.

- A \$150 non-refundable application fee is due upon application submittal. Upon admission to membership and payment of dues, Members shall receive a subscription to the bimonthly publication *Hair Transplant Forum International*, the monthly journal, *Dermatologic Surgery*, and periodic e-journals, and *Drugs in Dermatology*, and be assessed the annual dues.

Fellow Member: Fellows shall be Members in good standing who demonstrate support of the purposes and activities of the Society and dedication to the field of hair restoration surgery through the satisfaction of additional criteria as set forth on the Society's Scorecard of Eligibility for Fellow Category. Members must earn the stated number of points or more on the Scorecard to be eligible for Fellow status. The Scorecard may be found in the Members Only section of the ISHRS website.

In order to maintain Fellow status, the Member must attend at least one ISHRS approved meeting every three years. Failure to attend at least one ISHRS approved meeting every three years will result in the automatic change of membership status to Associate Member. Reinstatement to Fellow status requires attendance at at least one ISHRS approved meeting. Such reinstatement will take place at the next ISHRS annual meeting by recommendation of the Membership Committee. Applicants for Fellow must complete the Scorecard. Fellows may vote and hold office in the Society, and they may use the ISHRS Fellows logo on their websites and in other promotional materials.

- A \$150 non-refundable application fee is due upon Scorecard submittal. Upon admission to Fellow category, Fellows shall receive the same publications they received as Members and shall be assessed the annual dues.

Emeritus Member: Emeritus Members shall be individuals who have been Members or Fellows in good standing for at least five (5) years who have attained the age of 65, and who are no longer engaged in active practice for more than fifty (50) days per year. Applicants for Emeritus membership must complete and submit the application along with a copy of a passport, birth certificate or other evidence of birthdate. Emeritus Members cannot vote or hold office in the Society, and they may not use the ISHRS Members Only logo on their websites or in any other promotional materials.

- Request for Emeritus Membership should be made in writing to the Board of Governors attesting to the requirements as described above. There is no fee for application. Upon acceptance, Emeritus Members shall receive the same publications they received as Members and shall be assessed annual dues of \$0.

Adjunct Member: Adjunct Members shall be individuals who: (i) hold a doctorate (PhD or the equivalent) in a biomedical-related area; (ii) devote the majority of their professional activities to hair research in an academic setting; and (iii) are of good moral character as attested to, in writing, by a Member or Fellow Member of the Society. Applicants for Adjunct Membership must complete the application and submit it along with the following: a letter of attestation of good moral character from a Member or Fellow Member of the Society, evidence of doctorate from degree granting institution; and a detailed statement outlining current academic activities in hair research. Adjunct members cannot vote or hold office in the Society, and they may not use the ISHRS Members Only logo on their websites or in any other promotional materials.

- A \$150 non-refundable application fee is due upon application submittal. Upon admission to membership and payment of dues, Adjunct members shall receive a subscription to the bimonthly publication *Hair Transplant Forum International*, the monthly journal, *Dermatologic Surgery*, and periodic e-journals, and *Drugs in Dermatology*, and be assessed the annual dues.

Resident Member: Resident Members shall be physicians (M.D., D.O., or Non-U.S. equivalent) of good moral character and standing in the community who are actively enrolled in a recognized and accredited formal residency teaching program. Applicants for Resident Member status must present a letter from the Chief of Service or Program Director attesting to their moral character, their enrollment in the residency program, and recommending them for Resident Membership status in the Society. They must submit two letters of recommendation. [Two letters of recommendation are required, of which at least one must be from an ISHRS Member or Fellow Member. The other letter must be from another physician colleague. One of the letters must be from a physician in the state/country in which the applicant practices.] Resident Members cannot vote or hold office in the Society, and they may not use the ISHRS Members Only logo on their websites or in any other promotional materials.

- A \$75 non-refundable application fee is due upon application submittal. Upon admission to membership and payment of dues, Resident Members shall receive a subscription to the bimonthly publication *Hair Transplant Forum International*, the monthly journal, *Dermatologic Surgery*, and periodic e-journals, and *Drugs in Dermatology*, and be assessed the annual dues.

Surgical Assistant Member: Applicants for the Surgical Assistant Member category must submit a letter attesting to employment from an Associate Member, Member, or Fellow Member of the Society who has a clinical hair restoration practice and performs hair restoration surgery, and who is the current employer of the applicant. The letter should attest that the surgical assistant assists in surgery and is a licensed healthcare professional in the same jurisdiction as the employing physician. If and when the employer of a Surgical Assistant Member ceases to be an Associate Member, Member, or Fellow Member of the Society, the Surgical Assistant's membership will terminate automatically at the end of the current dues year unless the Surgical Assistant gains employment with another Associate Member, Member, or Fellow Member of the Society. Any Surgical Assistant whose employer ceases to be a Society member must notify the Membership Chairman within 60 days of the change. Surgical Assistant Members cannot vote or hold office in the Society, and they may not use the ISHRS Members Only logo on websites or in any other promotional materials.

- A \$75 non-refundable application fee is due upon application submittal. Upon admission to membership and payment of dues, Surgical Assistants shall receive a subscription to the bimonthly publication *Hair Transplant Forum International* and be assessed the annual dues.