

REGISTRATION REQUEST FORM

www.aicpe.org



Associazione Italiana Chirurgia Plastica Estetica

MEMBER DATA

First name _____ Last name _____

Date of birth _____ Fiscal code _____

VAT number _____ Website _____

Confidential email _____

Enter a valid e-mail address to which the system will send all information and will be used as a username. This e-mail will be used for official communications by the Association and will not be visible to the public.

Street address _____

CONTACT DETAILS

Public email _____

This email address will be the one that will be shown to the public

Public phone _____ Public mobile phone _____

Header or structure name _____

Address _____

POSTAL CODE _____ Location _____

Region _____ Country _____

Address for receipt of membership fee

Heading _____

Mailing address _____

E-mail _____

Enter the email address for receiving the receipt (if different from the reserved one)

POSTAL CODE _____ Location _____

Region _____ Country _____

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Partner training

Graduation year _____ Year of specialization in Plastic Surgery _____
In the case of non-specialization, attach the certificate of equivalence

Other specializations _____
Also enter the year of specialization _____

Professional registration

Province of the order of doctors _____ Registration number to the order of doctors _____ Professional category
 Freelance
 Hospital
 University

For trainees

Graduate School / University _____

City _____ Year of study _____ Starting year of specialization _____

Associations

ISAPS partner Yes No Member of other associations
Specify which ones _____

Requests

Have you ever been denied membership from other professional organizations? Yes No If yes, specify the reason _____

Have you ever been sanctioned or censored from your medical order? Yes No Have you ever been sanctioned for any reason, including alcohol and drugs? Yes No

Have you performed at least 50 interventions of cosmetic surgery as the first operator during the last year? Yes No Have you made at least 150 interventions of cosmetic surgery during the past 3 years as a first operator or as an aid? Yes No

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PRESENTING MEMBERS

Ordinary Presenting Member (1) _____

Enter the name of the presenting AICPE ordinary shareholder and attach the presentation letter to the documentation

Ordinary or Effective Presenting Member (2) _____

Enter the name of the ordinary or effective AICPE shareholder presenter and attach the presentation letter to the documentation

INTERVENTIONS

Surgery performed in the past three years

N.B. Do not include in the count the removal of moles, the revision of scars, all procedures relating to aesthetic medicine and any treatments performed by nurses or beauticians, even if under your observation.

Abdominoplasty
(as first operator)

0 1/5
 6/10 11/20
 Oltre 20

Abdominoplasty
(as second operator)

0 1/15
 16/30 31/50
 Oltre 50

Blepharoplasty
(as first operator)

0 1/5
 6/10 11/20
 Oltre 20

Blepharoplasty
(as second operator)

0 1/15
 16/30 31/50
 Oltre 50

Face-lifting
(as first operator)

0 1/5
 6/10 11/20
 Oltre 20

Face-lifting
(as second operator)

0 1/15
 16/30 31/50
 Oltre 50

Liposuction
(as first operator)

0 1/5
 6/10 11/20
 Oltre 20

Liposuction
(as second operator)

0 1/15
 16/30 31/50
 Oltre 50

Breast lift
(as first operator)

0 1/5
 6/10 11/20
 Oltre 20

Breast lift
(as second operator)

0 1/15
 16/30 31/50
 Oltre 50

Breast Augmentation
(as first operator)

0 1/5
 6/10 11/20
 Oltre 20

Breast Augmentation
(as second operator)

0 1/15
 16/30 31/50
 Oltre 50

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Reductive mastoplasty
(as first operator)

- 0 1/5
 6/10 11/20
 Oltre 20

Reductive mastoplasty
(as second operator)

- 0 1/15
 16/30 31/50
 Oltre 50

Otoplasty
(as first operator)

- 0 1/5
 6/10 11/20
 Oltre 20

Otoplasty
(as second operator)

- 0 1/15
 16/30 31/50
 Oltre 50

Rhinoplasty
(as first operator)

- 0 1/5
 6/10 11/20
 Oltre 20

Rhinoplasty
(as second operator)

- 0 1/15
 16/30 31/50
 Oltre 50

Surgical interventions carried out

Select the interventions that the candidate performs

Check at least one option

- | | | |
|---|---|---|
| <input type="checkbox"/> Abdominoplasty | <input type="checkbox"/> Hair transplant | <input type="checkbox"/> Blepharoplasty |
| <input type="checkbox"/> Dermabrasion | <input type="checkbox"/> Filler | <input type="checkbox"/> Phlebology |
| <input type="checkbox"/> Gynecomastia | <input type="checkbox"/> Buttocks implants | <input type="checkbox"/> Calf implants |
| <input type="checkbox"/> Facial implants | <input type="checkbox"/> Laser | <input type="checkbox"/> Arms lift |
| <input type="checkbox"/> Lifting with traction threads | <input type="checkbox"/> Thigh lift | <input type="checkbox"/> Face and neck lifting |
| <input type="checkbox"/> Front lift | <input type="checkbox"/> Mid-facial lifting | <input type="checkbox"/> Subcutaneous lipoemulsion (lesc) |
| <input type="checkbox"/> Lipofilling | <input type="checkbox"/> Face liposuction | <input type="checkbox"/> Liposuction |
| <input type="checkbox"/> Breast augmentation | <input type="checkbox"/> Breast reduction and breast lift | <input type="checkbox"/> Mini abdominoplasty |
| <input type="checkbox"/> Otoplasty | <input type="checkbox"/> Chemical peeling | <input type="checkbox"/> Sweat reduction |
| <input type="checkbox"/> Small labia reduction | <input type="checkbox"/> Non-surgical body reshaping | |
| <input type="checkbox"/> Laser hair removal and pulsating light | <input type="checkbox"/> Tattoo removal | <input type="checkbox"/> Rejuvenation of the vagina |
| <input type="checkbox"/> Perioral region rejuvenation | <input type="checkbox"/> Rhinoplasty | <input type="checkbox"/> Botulinum toxin |

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OFFICES

Address 1 (main)

Name of the office _____

Street address _____

POSTAL CODE _____ Location _____

Region _____ Country _____

Headquarters telephone _____

Address 2

Name of the office _____

Street address _____

POSTAL CODE _____ Location _____

Region _____ Country _____

Headquarters telephone _____

Address 3

Name of the office _____

Street address _____

POSTAL CODE _____ Location _____

Region _____ Country _____

Headquarters telephone _____

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DATA PRIVACY

AICPE is committed to protecting and respecting your privacy and we will use your personal information only to administer your account and for all the secretarial and management activities of your application. From time to time, we wish to contact you about updates from the Association and our services, as well as other content that may interest you. If you agree to this purpose, please tick below:

- I agree to receive other communications from AICPE.
To provide you with the requested content, we need to be able to store and use your personal data. If you allow us to store your data for this purpose, please select the checkbox below:
- I accept the processing of my personal data present in the CV pursuant to Legislative Decree 30 June 2003, n. 196 "Code regarding the protection of personal data" and the GDPR (EU Regulation 2016/679).

I declare that I have read, understood and accepted the AICPE statute and the code of ethics. I undertake to respect them and I am aware of the penalties in case of non-compliance.

I also certify the validity of the information entered and I am aware that any untruthfulness may lead to non-acceptance or expulsion from AICPE.

You can unsubscribe from these communications at any time. For more information on how to do this, consult our privacy policies and other information on privacy protection and read our Privacy Policy at www.aicpe.org