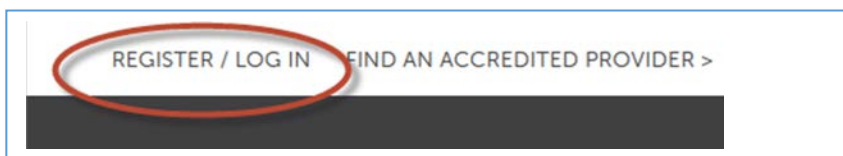
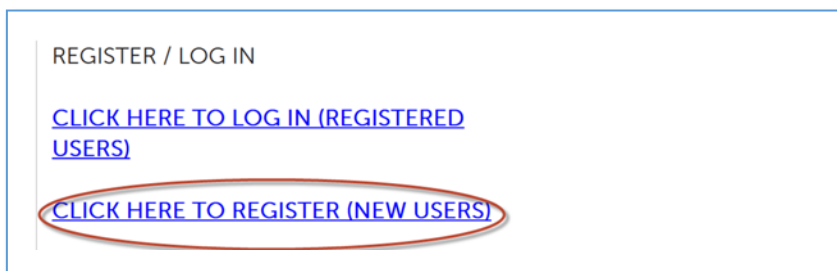


1. Open a browser and go to the page <http://www.surgicalreview.org/>

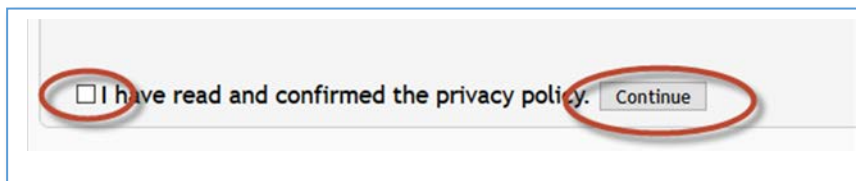
2. Click the link "**Register/Log In**" on the top right of the page



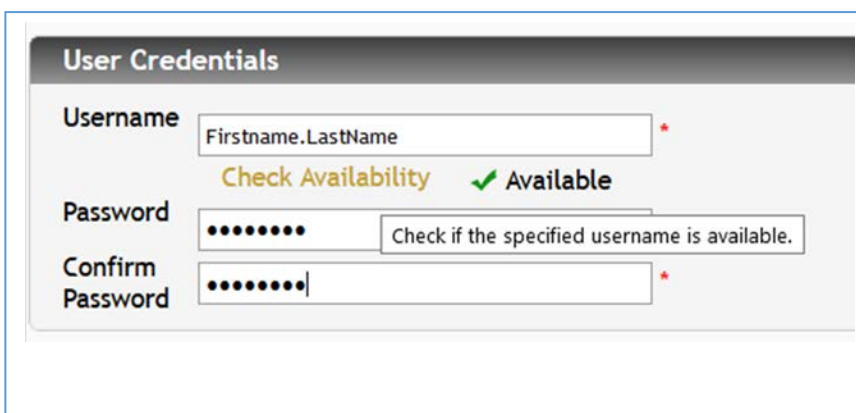
3. Click the link "**CLICK HERE TO REGISTER (NEW USERS)**"



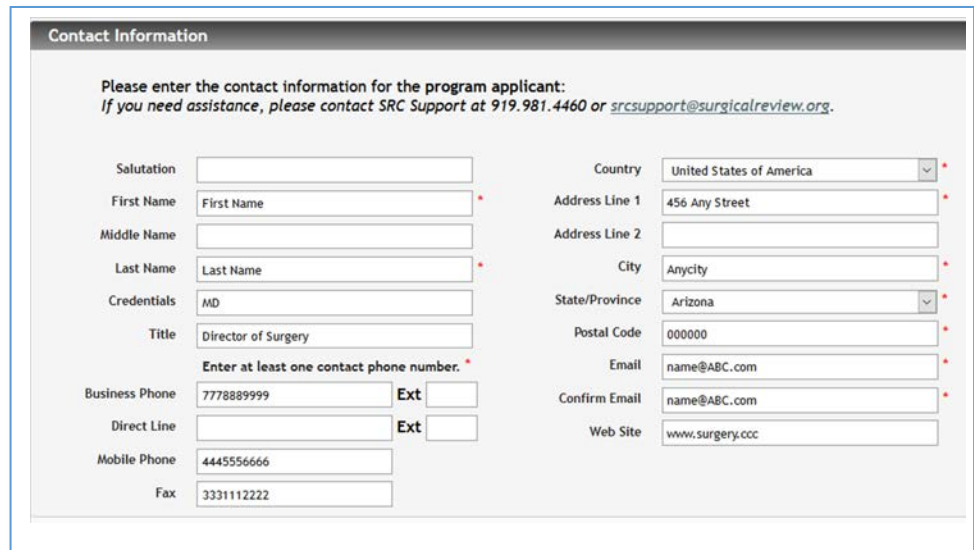
4. Read and scroll to the bottom of the Privacy Policy. **Check the box** and click "**Continue**" to indicate you have read it:



5. This will take you to "Create a Registered User." In the **User Credentials** section, enter your desired username in the "Username" field and click Check Availability. If the name is available you may proceed, if it is not, you need to select another username. Once you have a valid username, enter your desired password in the "Password" field and enter it again in the "Confirm Password" field.



6. **Contact Information Section.** Fill in all information (required fields are noted with a red asterisk). Fill in as much as possible because you will be able to quick fill your account contacts using the information you've entered here.

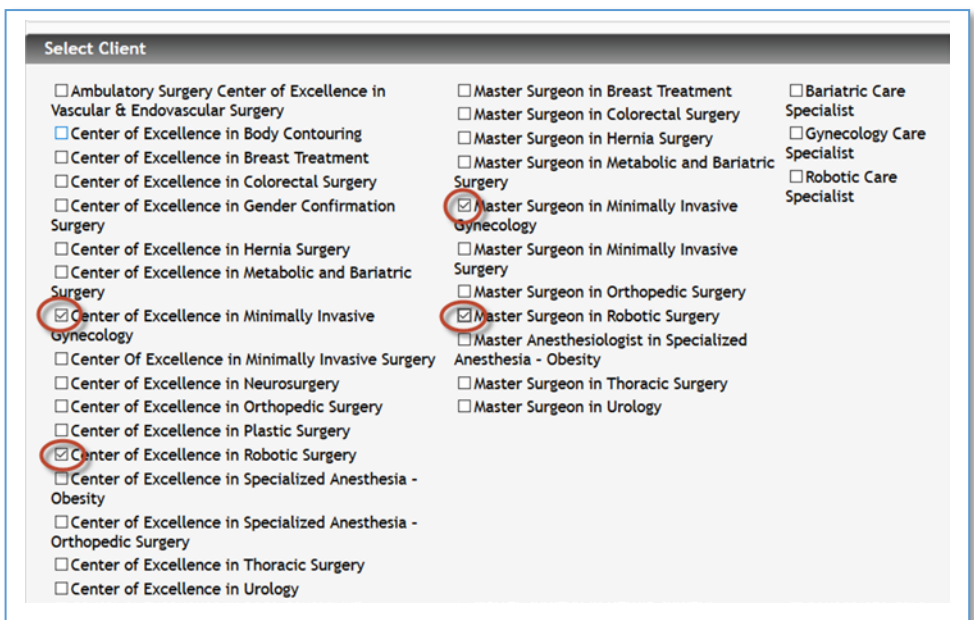


Contact Information

Please enter the contact information for the program applicant:
If you need assistance, please contact SRC Support at 919.981.4460 or srctestsupport@surgicalreview.org.

Salutation: []
 First Name: [First Name] *
 Middle Name: []
 Last Name: [Last Name] *
 Credentials: [MD]
 Title: [Director of Surgery]
 Business Phone: [7778889999] Ext. []
 Direct Line: [] Ext. []
 Mobile Phone: [4445556666]
 Fax: [333112222]
 Country: [United States of America] *
 Address Line 1: [456 Any Street] *
 Address Line 2: []
 City: [Anycity] *
 State/Province: [Arizona] *
 Postal Code: [000000] *
 Email: [name@ABC.com] *
 Confirm Email: [name@ABC.com] *
 Web Site: [www.surgery.ccc]

7. **Select Client Section.** In this section, select which Client (Program) you are applying to or need access to. You can select as many as apply. Note: Minimally Invasive Surgery is a different program than Minimally Invasive Gynecology. Be sure to double check which client(s) you need access to.



Select Client

- Ambulatory Surgery Center of Excellence in Vascular & Endovascular Surgery
- Center of Excellence in Body Contouring
- Center of Excellence in Breast Treatment
- Center of Excellence in Colorectal Surgery
- Center of Excellence in Gender Confirmation Surgery
- Center of Excellence in Hernia Surgery
- Center of Excellence in Metabolic and Bariatric Surgery
- Center of Excellence in Minimally Invasive Gynecology
- Center Of Excellence in Minimally Invasive Surgery
- Center of Excellence in Neurosurgery
- Center of Excellence in Orthopedic Surgery
- Center of Excellence in Plastic Surgery
- Center of Excellence in Robotic Surgery
- Center of Excellence in Specialized Anesthesia - Obesity
- Center of Excellence in Specialized Anesthesia - Orthopedic Surgery
- Center of Excellence in Thoracic Surgery
- Center of Excellence in Urology
- Master Surgeon in Breast Treatment
- Master Surgeon in Colorectal Surgery
- Master Surgeon in Hernia Surgery
- Master Surgeon in Metabolic and Bariatric Surgery
- Master Surgeon in Minimally Invasive Gynecology
- Master Surgeon in Minimally Invasive Surgery
- Master Surgeon in Orthopedic Surgery
- Master Surgeon in Robotic Surgery
- Master Anesthesiologist in Specialized Anesthesia - Obesity
- Master Surgeon in Thoracic Surgery
- Master Surgeon in Urology
- Bariatric Care Specialist
- Gynecology Care Specialist
- Robotic Care Specialist

8. **Confirm and Register Section.** Review your information for accuracy and check the box "My contact information is correct," and click "Create User and Log In."



Confirm and Register

This information is used to communicate with you throughout the designation process. Please ensure it is entered correctly.

My contact information is correct.

Create User and Log In ←