

**Fellowship Training Program
Associate Director Application Form#**

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Associate Director Applicant Name: _____

Name of Director: _____

Date that Director's Program was approved by the SISRB: _____

Address of Surgery Unit: _____

Check one → Medical Center _____ Private Practice _____

A. Information concerning the Associate Director of the Program

Date of Birth: _____

Place of Birth: _____

Date of MD Degree: _____

Post-MD Training: Internship: _____

 Residency: _____

 Post Residency: _____

Medical Licenses: _____

Specialty Board Certification: _____

Has any medical license been surrendered, suspended or revoked?

Check one → Yes No

Has the applicant ever been disciplined by any State or local medical board?

Check one → Yes No

Has the applicant ever been convicted of a felony? Check one → Yes No

Mohs surgical training (place, director and year): _____

Mohs surgical experience (number of years): _____

Year became a Fellow of the ACMS (Mohs College): _____

Academic Appointments: _____

Hospital Privileges: _____

B. Micrographic Surgery Unit

Number of cases performed annually by the program*: _____
Number of cases performed annually by the Director: _____
Number of cases performed annually by the Associate Director Applicant: _____
Number of cases performed annually by the Surgical Faculty (if applicable): _____
Number of cases performed annually by the Senior Faculty (if applicable): _____

**A total number of 500 cases must be done annually in a one year program; or 300 cases per year for each of two years in a two year program. All cases counted for the program must be completed by a SISRB-approved Director, Associate Director or Surgical Faculty. Separate applications must be completed for Associate Director or Surgical Faculty of a program. Consult the SISRB Policies, Procedures and Guidelines for details on case requirements.*

C. Acknowledgement of Responsibilities

As an Associate Program Director, I acknowledge that, while I meet the requirements of a Program Director, I am not eligible to take responsibility for the Program as the Program Director without written approval from the Site Inspection & Slide Review Board, LLC (SISRB).

I further acknowledge that the approved Program Director is solely responsible for each fellow's completion of his or her training. I release the SISRB and the American College of Mohs Surgery (ACMS), its officers, directors, shareholders, members, or agents from all responsibility relating to each fellow's training. I indemnify and hold the SISRB and ACMS harmless for all damages resulting from the program in which I am the Associate Director.

I agree to maintain in confidence and not disclose to, or discuss with, any other party any statements or decisions made by the FTC or site visitor or otherwise any information regarding the application review or site visit, other than whether the application or program has been approved. This agreement applies both to new applications for approval and continuations of approval by the SISRB.

Signature: _____

Print name: _____ Date: _____

D. Additional information required*

A curriculum vitae citing recent academic pursuits and a case log of all cases performed by the Associate Director applicant in the previous twelve month period must be submitted. You may use the SISRB/ACMS case log form or your own format as long as all items are included. The log must contain: patient identification number/initials (*do not include names*), date, tumor type and anatomic site, pre-op size, post-op size, and number of stages, and type of repair. In addition to the log, 50 "challenging" Mohs cases and 50 complex reconstructions must be submitted with a brief narrative summary (operative reports, maps, etc.). To help with this process, the SISRB has developed a Complex Case Checklist that is available on the Web site with the other Fellowship Training Faculty Application information. An application fee of \$150 must be submitted for the Associate Director applicant if they are not applying at the same time as the Director. **The entire application must be submitted on standard 8 ½ x 11 paper with no staples or clips to assist with duplication. The complete packet should be secured with one clip or rubber band.**

**Consult the ACMS Policies, Procedures and Guidelines for details.*

Return completed application form and supporting materials to:
SISRB, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823 USA
Questions may be directed to the ACMS/SISRB office at 800-500-7224 or 414-347-1103.