

**Fellowship Training Program  
Senior Faculty Application Form**

Senior Faculty Applicant Name: \_\_\_\_\_

Dates that Senior Faculty Applicant served as Director/Associate Director: \_\_\_\_\_

Name of Program Director (if Applicant served as Associate Director): \_\_\_\_\_

Location of former program: \_\_\_\_\_

Name of current Program Director: \_\_\_\_\_

Date that Director's Program was approved: \_\_\_\_\_

Address of Surgery Unit: \_\_\_\_\_

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

Check one →                      Medical Center \_\_\_\_\_                      Private Practice \_\_\_\_\_

**A. Information concerning the Surgical Faculty 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 and year): \_\_\_\_\_

Mohs surgical experience (number of years): \_\_\_\_\_

Date became an Associate Member of the ACMMSO (Mohs College): \_\_\_\_\_

Date became a Fellow of the ACMMSCO (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 (if applicable): \_\_\_\_\_

Number of cases performed annually by Surgical Faculty (if applicable): \_\_\_\_\_

Number of cases performed annually by the Senior Faculty Applicant: \_\_\_\_\_

*\*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 an SISRB-approved Director, Associate Director, Surgical Faculty or Senior Faculty. Consult the SISRB Policies, Procedures and Guidelines for details on case requirements.*

**C. Acknowledgement of Responsibilities**

As a Senior Faculty member, I acknowledge that the approved Program Director is solely responsible for each fellow's completion of his or her training. I release the Site Inspection and Slide Review Board, LLC (SISRB) and the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACMMSCO), its officers, directors, shareholders, members, or agents from all responsibility relating to each fellow's training. I indemnify and hold SISRB/ACMMSCO harmless for all damages resulting from the program in which I am the Senior Faculty.

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 must be submitted. If a Director and Senior Faculty application are submitted simultaneously, a \$500 fee is assessed for the Director's application and no fee is charged for the Senior Faculty. If an individual is applying to become Senior Faculty of an already approved fellowship training program, a \$50 fee is assessed.

*\*Consult the ACMMSCO 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 ACMMSCO/SISRB office at 800-500-7224 or 414-347-1103.*