

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 Applicant: _____

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

C. Acknowledgement of Responsibilities

As a Surgical 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 the SISRB and ACMMSCO harmless for all damages resulting from the program in which I am the Surgical 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 and case log of all cases performed by the Surgical Faculty applicant in the previous twelve month period must be submitted. You may use the SISRB/ACMMSCO 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. Case logs must be submitted on standard 8 1/2 x 11 paper with no staples or clips to assist with duplication. The complete packet should be secured with one clip or rubber band.

If a Director and Surgical Faculty application are submitted simultaneously, a \$500 fee is assessed for the Director's application and no fee is charged for the Surgical Faculty. If an individual is applying to become Surgical 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 ACMMSO/SISRB office at 800-500-7224 or 414-347-1103.