



**Micrographic Surgery & Dermatologic Oncology (Mohs)
International Fellowship Program Annual Acknowledgement Form**

Please sign and return this form by the due date. This form is required regardless of your program's training status for the previous or upcoming year.

As a Program Director, I acknowledge that by accepting a fellow for training, I am entering into a binding written contract with that fellow and will be responsible for fulfilling the terms thereof.

I further acknowledge that I am solely responsible for each fellow's completion of their training. I release the Site Inspection & Slide Review Board, LLC (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 Director.

Name (please print): _____

Signature: _____

Date: _____

Return this completed form to:

SISRB
555 East Wells Street, Suite 1100
Milwaukee, WI 53202-3823 USA
Telephone: 414-347-1103 / 800-500-7224
Fax: 414-276-2146
sisrb@mohscollege.org