

**Fellowship Training Program Senior
Faculty Application Form**
(for ACMS International Fellowship Programs)

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 ACMS (Mohs College): _____

Date 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 (if applicable): _____

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

Number of cases performed annually by the Senior Faculty Applicant: _____

**A minimum of 650 Micrographic Surgery & Dermatologic Oncology (Mohs) cases must be done annually in a 12-month 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 Surgery (ACMS), its officers, directors, shareholders, members, or agents from all responsibility relating to each fellow's training. I indemnify and hold SISRB/ACMS 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 Fellowship Training Committee 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 an individual is applying to become Senior Faculty of an already approved fellowship training program, a \$50 fee is assessed.

The entire application must be submitted in electronic format (PDF/Excel spreadsheet).

**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 or
sisrb@mohscollege.org

Questions may be directed to the ACMS/SISRB office at 800-500-7224 or 414-347-1103.