

Site Survey Instrument And Documents

Revised 2/01, 10/03, 02/22, 09/22

Name of Program Director: _____

Name of Site Visitor: _____

Please verify on the blank that you have participated in the following and found them to be acceptable:

- A. Meeting with Program Director (approximately 1 hour) _____
- B. Observation of at least two Mohs cases _____
- C. Microscope slides from cases chosen at random by surveyor at surveyor's request _____
- D. Tour and inspection of facility _____
- E. Interviews with two surgical subspecialists _____
- F. Interviews with current or former fellows, office staff, faculty at surveyors request _____

Please verify on the blank that you have reviewed and found acceptable the following documents:

- G. Director's curriculum vitae including prior training, experience, publications, lectures, participation in scientific meetings and academic pursuits _____
- H. Proof of Director's CPR Certification (BLS minimum) _____
- I. Case logs documenting number of Mohs cases, types of repairs, and other types of Dermatologic surgical procedures performed and taught over the course of the Programs _____
 - **How many cases were performed in the past year by the Director (or the Director and Associate Director each)?** # _____
- J. Case logs of current and past fellows _____
 - **How many cases were performed in the past year by the fellow acting as primary surgeon?** # _____
- K. Written narrative of the training Program including:
 - Mission of the program _____
 - Volume of Mohs, complexity and volume of reconstructive procedures. _____
 - Teaching plan and outline of daily, weekly, and monthly activities, goals, & objectives of the fellow along with any other information to substantiate the survey process. _____
- L. Manuscripts from current and or past fellows in preparation or from final publication _____
- M. Chart review - ten or twenty charts requested at random by surveyor _____
- N. Infection control data _____
- O. Sample of work hour report data demonstrating the program's work hour monitoring system (minimum six months) (*recommended*) _____
- P. OSHA/CLIA books or equivalent organization(s) _____
- Q. Hazardous material booklets _____

R. De-identified ACGME Milestone Evaluations and other applicable Fellow-in-Training feedback systems from the past 5-years *(for existing international ACMS MSDO fellowship programs only; Not applicable for new MSDO fellowship applications).* _____

S. De-identified faculty evaluations and other applicable feedback systems from the past 5-years *(for existing international ACMS MSDO fellowship programs only; Not applicable for new MSDO fellowship applications).* _____

T. Forms used for fellow & faculty evaluation of Program _____

U. List the names of fellows trained in this program for the past five years *(if applicable)*:

- Fellow: _____ Dates: _____
- Fellow: _____ Dates: _____
- Fellow: _____ Dates: _____
- Fellow: _____ Dates: _____
- Fellow: _____ Dates: _____

Instructions

Site surveyor should check off each area using one of the following values:

SC - Substantial Compliance indicates that the Fellowship Training Program's current operations are acceptable and meet the standards.

PC - Partial Compliance indicates that a portion of the item is acceptable, but other areas need to be addressed.
NOTE: Site surveyor must identify the reasons for choosing this value for any items.

NC - Non-Compliance indicates that the Fellowship Training Program's operations in the area do not meet the standards. *NOTE: Site surveyor must identify the reasons for choosing this value for any items.*

N/A - Not Applicable indicates that the standard does not apply to the Fellowship Training Program.

Site surveyors should review this list and any recommendations with the Program Director after completion of visit.

Patient Rights & Quality of Care

Compliance Level

SC	PC	NC	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Patients treated with respect, consideration and dignity

Reasons for partial/non-compliance: _____

2. Patient records are treated confidentially

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

3. Information is available to patients and staff concerning:

a. services available

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

b. provisions for after hours and emergency care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

c. fees for services

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

	Compliance Level			
	SC	PC	NC	N/A
d. payment policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

4. Marketing or advertising is not misleading to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

5. All health care personnel have necessary and appropriate training and skills to deliver services promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

6. All health care practitioners practice their profession in an ethical and legal manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

7. All personnel that assist in provision of health care services are trained/qualified and supervised and are available in sufficient numbers for the care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

8. High quality health care is demonstrated by at least the following:				
a. appropriate and timely diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

b. treatment consistent with clinical impression or diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

c. absence of unnecessary diagnosis or therapeutic procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

d. appropriate and timely follow-up of findings and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

	Compliance Level			
	SC	PC	NC	N/A
e. continuity of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

f. provision for services when the facilities are not open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

g. appropriate, accurate and complete clinical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

h. patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

i. documented health care outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

j. health services are consistent with current professional knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

k. adequate specialty consultation services are available by prior arrangement and emergency consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

9. Concern for the costs of care are demonstrated by the following:				
a. relevance of services for the needs of the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

b. absence of duplicative diagnosis procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

	Compliance Level			
	SC	PC	NC	N/A
c. appropriateness of treatment frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

d. use of least expensive resources when available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

e. use of ancillary services consistent with patient needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

f. billing accurately to generally accepted definitions and principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

Record Review (10 or 20 Charts)

	Compliance Level			
	SC	PC	NC	N/A
10. Records are readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

11. Record is legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

12. History and prognosis are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

13. Diagnosis is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

14. Diagnosis procedure is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

	Compliance Level			
	SC	PC	NC	N/A
15. Treatment consistent with diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

16. Operative report adequate and detailed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

17. Consultations appropriate and timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

18. Appropriate follow-up is provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

19. Allergies clearly recorded in prominent location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

Quality Assurance (TQI, TQM, QI)

	Compliance Level			
	SC	PC	NC	N/A
20. Important problems are identified and may include but are not limited to:				
a. malpractice cases, follow-up of abnormal test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

b. cure rates for tumor treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

c. infection rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

d. patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

	Compliance Level			
	SC	PC	NC	N/A
e. medical record review for completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

f. quality controls for pathology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

g. staff concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

h. accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

i. medical/legal issues (risk management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

21. Measures are implemented to correct or resolve problems identified in Quality Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facilities And Environment

	Compliance Level			
	SC	PC	NC	N/A
22. Procedures used to minimize source and transmission of infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

23. Proper disposal of medical/hazardous waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

24. Fire extinguishers present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

25. Emergency lighting and power to complete surgical procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

	Compliance Level			
	SC	PC	NC	N/A
26. Regular fire drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

27. Hazards are eliminated that might lead to slipping, falling, electrical shock, burns, poisoning or trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

28. Reception area, toilets and telephones provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

29. Provisions for handicapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

30. Adequate lighting and ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

31. Appropriate emergency equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

32. Adequate space and equipment is provided for both simple and complex surgery; surgery rooms are large enough to accommodate equipment, surgeon, fellow and assistants at surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

33. Adequate space is provided for the fellow for reading, writing, storing personal items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

34. An onsite library is accessible with appropriate reference materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

35. A major medical library is accessible nearly or onsite with access to electronic retrieval of information from medical databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

	Compliance Level			
	SC	PC	NC	N/A
36. OSHA and CLIA or equivalent organization(s) regulations are followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

37. Interview with two other surgical specialists is arranged and performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

38. A consulting physician staff is available in a variety of related specialties such as radiotherapy, prosthetics, head and neck oncology, oculoplastic surgery, plastic surgery, internal medicine, dermatopathology and orthopedic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

Surgical Services

	Compliance Level			
	SC	PC	NC	N/A
39. Operative reports are accurate and recorded immediately after the procedure by the health care practitioner who performed the operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

40. A safe environment, including safeguards to prevent cross infection, is assured through the provision of adequate space, equipment and personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

a. use of accepted aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

b. suitable equipment to assure operating room materials are sterile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

c. sterilized materials are packaged and labeled in a consistent manner to maintain sterility and identify sterility dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

	Compliance Level			
	SC	PC	NC	N/A
d. universal precautions are utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

41. The Director has admitting privileges at a nearby hospital for patients who require transfer due to emergency or unplanned outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

42. Emergency power is adequate and available in operating area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

43. Protocols have been established to instruct patients in self care after surgery including written instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

Pathology Services

	Compliance Level			
	SC	PC	NC	N/A
44. A pathology laboratory is conveniently located adjacent to the treatment rooms where Mohs surgery is performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

45. Pathology services were provided by the Mohs surgeon who performed the surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

46. Established procedures exist for obtaining, identifying and storing slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

	Compliance Level			
	SC	PC	NC	N/A
47. Sufficient space, equipment and supplies are provided to perform work with accuracy, precision and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

48. Histology technician has adequate training and experience to process tissue in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

49. Slides are available for review and to document completeness of sections including epidermis and fat; slide staining is adequate and uniform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

Teaching and Research Policies Include:

	Compliance Level			
	SC	PC	NC	N/A
50. Program Requirements including policies concerning teaching activities, and address salaries and benefits, vacations, professional leave, parental leave, potential leave, sick leave, work hours, learning environment, fellow well-being, professional liability insurance, hospital and health insurance, disability insurance commensurate with corresponding PGY 5 levels (<i>recommended</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for partial/non-compliance: _____

51. A substantial portion of each fellow's training should be in activities related to Mohs Micrographic surgery and cutaneous oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

52. Provision for close and adequate supervision of the trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

53. Research requirements including deadlines for completion of research reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

54. Formal training in anatomy sufficient enough so that each trainee upon finishing will be competent and comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

	SC	PC	NC	N/A
55. A log is kept documenting all trainee's cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for partial/non-compliance: _____

	Compliance Level			
	SC	PC	NC	N/A
56. Fellow is trained in skin pathology from the surgical cases done in the Mohs center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for partial/non-compliance: _____

57. Fellow must participate in medical and surgical evaluation and treatment planning in all cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

58. Fellow must be taught to cut and stain frozen sections and attain adequate proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

59. Training is provided in reconstructive surgery, wound healing, anatomy, cutaneous oncology, pathology and BLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

60. Active participation in clinical rounds and conferences in a manner that promotes a spirit of inquiry and scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

61. Participation in journal clubs and research conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

62. Active participation in regional or national scientific societies and other CME activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

63. Regular evaluation of fellow using written evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

	SC	PC	NC	N/A
64. There is a defined core curriculum including but not limited to the core curriculum of the SISRB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for partial/non-compliance: _____

STANDARDS OF THE DIRECTOR

Professional improvement

65. Access to a library

Compliance Level			
SC	PC	NC	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for partial/non-compliance: _____

66. Documented attendance at seminars, conferences or educational events

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

67. Documented experience as a teacher

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

Credentials

68. Duly licensed physician and Fellow member of the American College of Mohs Surgery

Compliance Level			
SC	PC	NC	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for partial/non-compliance: _____

69. Academically oriented and upholds the highest standards of the College

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

70. Hospital privileges

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

71. Proficient in both surgery and pathology and participates in both surgery and pathology on all cases

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reasons for partial/non-compliance: _____

Signatures

Thank you for participating in this process. Your efforts to provide a quality training program in Micrographic Surgery & Dermatologic Oncology (Mohs) are greatly appreciated. As you know, the site survey is an important part of the program review process. However, the site survey report must be reviewed by the Fellowship Training Committee (FTC) and SISRB Board of Directors before a decision is made regarding approval of a new program or continuation of a current Fellowship Training Program. The site surveyor's opinion regarding the program does not automatically imply approval or denial by the SISRB. On occasion, the FTC may contact you regarding additional information after the site survey. After a decision has been made by the FTC and Board of Directors, you will be notified of the decision regarding your program.

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.

Fellowship Training Director or Director Applicant: _____

Address: _____

Site Surveyor: _____

Date: _____

Final Analysis/Comments: