

## Survey Instrument for Virtual Site Visit

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

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. Review of pre-recorded video tour and inspection of facility \_\_\_\_\_
- C. Interviews with fellowship coordinator and other core faculty (as applicable) \_\_\_\_\_
- D. Interviews with current or former fellows, other office staff, other faculty at  
surveyors request \_\_\_\_\_
- E. Chart review - twelve charts as specified in the 'Document Preparation' file \_\_\_\_\_
- F. Infection control data \_\_\_\_\_
- G. OSHA/CLIA books or equivalent organization(s) \_\_\_\_\_
- H. Hazardous materials booklets \_\_\_\_\_

# Standards Of Program

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## 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 this 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. Record is legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				
_____				
11. History and prognosis are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				
_____				
12. Diagnosis is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				
_____				
13. 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
14. Treatment consistent with diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:	<hr/>			
<hr/>				
15. Operative report adequate and detailed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:	<hr/>			
<hr/>				
16. Consultations appropriate and timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:	<hr/>			
<hr/>				
17. Appropriate follow-up is provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:	<hr/>			
<hr/>				
18. Allergies clearly recorded in prominent location. Note: as the chart review materials requested may not include this, it is permissible for the surveyor to verbally verify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:	<hr/>			
<hr/>				

		Compliance Level			
		SC	PC	NC	N/A
<b>Quality Assurance (TQI, TQM, QI)</b>					
19. 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:		<hr/>			
<hr/>					
b. cure rates for tumor treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:		<hr/>			
<hr/>					
c. infection rates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:		<hr/>			
<hr/>					
d. patient satisfaction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:		<hr/>			
<hr/>					

	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: _____				
_____				
20. 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
21. 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: _____				
_____				
22. Proper disposal of medical/hazardous waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				
_____				
23. Fire extinguishers present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				
_____				
24. 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
25. Regular fire drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:				
26. 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:				
27. Reception area, toilets and telephones provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:				
28. Provisions for handicapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:				
29. Adequate lighting and ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:				
30. Appropriate emergency equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance:				
31. 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:				
32. 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:				
33. 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:				



34. A major medical library is accessible nearly or onsite with access to electronic retrieval of information from medical databases

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

Reasons for partial/non-compliance: \_\_\_\_\_

35. OSHA and CLIA or equivalent organization(s) regulations are followed

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

36. Interview with two other surgical specialists is arranged and performed

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

37. 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"/>
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Reasons for partial/non-compliance: \_\_\_\_\_

## Surgical Services

Compliance Level			
SC	PC	NC	N/A

38. 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"/>
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Reasons for partial/non-compliance: \_\_\_\_\_

39. 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"/>
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Reasons for partial/non-compliance: \_\_\_\_\_

a. use of accepted aseptic technique

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

	<b>Compliance Level</b>			
	<b>SC</b>	<b>PC</b>	<b>NC</b>	<b>N/A</b>
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: _____				
_____				
d. universal precautions are utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				
_____				
40. 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: _____				
_____				
41. 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: _____				
_____				
42. 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

	<b>Compliance Level</b>			
	<b>SC</b>	<b>PC</b>	<b>NC</b>	<b>N/A</b>
43. 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: _____				
_____				
44. 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: _____				
_____				
45. 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
46. 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: _____				

47. 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: _____				

48. 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
49. Policies concerning teaching activities address salaries and benefits including vaccinations, professional leave, potential leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance commensurate with corresponding PGY 5 levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

50. 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"/>
Reasons for partial/non-compliance: _____				

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

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

53. 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"/>
Reasons for partial/non-compliance: _____				

	Compliance Level			
	SC	PC	NC	N/A
54. 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: _____				
_____				
55. 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: _____				
_____				
56. 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"/>
Reasons for partial/non-compliance: _____				
_____				
57. 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"/>
Reasons for partial/non-compliance: _____				
_____				
58. 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"/>
Reasons for partial/non-compliance: _____				
_____				
59. 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"/>
Reasons for partial/non-compliance: _____				
_____				
60. Participation in journal clubs and research conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				
_____				
61. Active participation in regional or national scientific societies and other CME activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				
_____				
62. Regular evaluation of fellow using written evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				
_____				

	Compliance Level			
	SC	PC	NC	N/A
63. 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

	Compliance Level			
	SC	PC	NC	N/A
64. Access to a library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

65. Documented attendance at seminars, conferences or educational events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

66. Documented experience as a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

## Credentials

	Compliance Level			
	SC	PC	NC	N/A
67. Duly licensed physician and Fellow member of the American College of Mohs Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

68. Academically oriented and upholds the highest standards of the College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for partial/non-compliance: _____				

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

70. 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"/>
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:**