



Annual Fellowship Training 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 his or her 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