

**Site Inspection & Slide Review Board, LLC**  
**Fellowship Training Program Number of Cases Form**

Director name: \_\_\_\_\_  
Associate Director name: \_\_\_\_\_  
Surgical Faculty name: \_\_\_\_\_  
Senior Faculty name: \_\_\_\_\_

Fellow trainee name: \_\_\_\_\_  
Fellowship start date: \_\_\_\_\_  
Fellowship end date: \_\_\_\_\_  
Fellowship duration: \_\_\_\_\_

**I. Skin cancers for which Mohs Micrographic Surgery performed (for program July 1 - June 30\*)**

*Numbers provided should be for dates in which training of fellow (as cited above) occurred.*

Total number\*\* \_\_\_\_\_  
BCC \_\_\_\_\_  
SCC \_\_\_\_\_  
Melanoma \_\_\_\_\_  
Other \_\_\_\_\_  
    DFSP \_\_\_\_\_  
    Extramammary Paget's \_\_\_\_\_  
    Merkel Cell CA \_\_\_\_\_  
    Sebaceous Gland CA \_\_\_\_\_  
    AFX \_\_\_\_\_  
    MFH \_\_\_\_\_  
    Other (please list tumor types  
    and numbers in margin or on  
    separate page) \_\_\_\_\_

**II. Wound Healing after Mohs Micrographic Surgery (for program July 1 - June 30\*)**

Total number repairs \_\_\_\_\_  
    Intermediate \_\_\_\_\_  
    Complex \_\_\_\_\_  
    Flap \_\_\_\_\_  
    Graft \_\_\_\_\_  
Total number sent out for repair \_\_\_\_\_  
Total number granulation \_\_\_\_\_  
Total wounds (repair, refer and granulate)\*\* \_\_\_\_\_

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**III. Fellowship Statistics**

Total number of lesions fellow performed \_\_\_\_\_

Total number of lesions fellow assisted \_\_\_\_\_

Total number of lesions fellow assisted or performed with Director \_\_\_\_\_

Total number of lesions fellow assisted or performed with Associate Director (if applicable) \_\_\_\_\_

Total number of lesions fellow assisted or performed with Surgical Faculty (if applicable) \_\_\_\_\_

Total number of reconstruction cases the fellow participated in \_\_\_\_\_

**IV. Publications and Presentations (for program July 1 - June 30\*)**

Articles submitted and accepted *(Please list citing author names, article names, journal abbreviation, year, volume number and pages)*

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Articles under review *(Articles in progress. Please list citing author names, article names, journal abbreviation, year, volume number and pages)*

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Presentations/abstracts submitted and accepted *(Please list presenter names, presentation name, meeting name, place, and date(s)).*

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**V. OPTIONAL - Skin cancers treated without Mohs Micrographic Surgery (for program July 1 - June 30\*)**

Total number treated without Mohs Surgery

	Approx. Number	Check therapies used:				
		C&E	Cryotherapy	Chemotherapy	Excision	Radio Therapy
BCC	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SCC	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Melanoma	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**VI. Program Director and fellow signature**

All information above is true to the best of my knowledge.

\_\_\_\_\_  
 Director Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Fellow Signature

\_\_\_\_\_  
 Date

**\*Program = Cases under the responsibility of the approved Fellowship Training Director and any approved faculty (Associate Director, Surgical Faculty and Senior Faculty) as performed between July 1 and June 30, regardless of fellowship start and end dates.**

**\*\*Total number of skin cancers treated with Mohs surgery should equal the total number of wounds healed (repaired, referred out and allowed to granulate)**