

**Fellowship Training Program
Director Application Form**

Director Applicant Name: _____

Address of Surgery Unit: _____

Check one → Medical Center _____ Private Practice _____

A. Information concerning the Director 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, director and year): _____

Mohs surgical experience (number of years): _____

Year 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 Applicant: _____

Number of cases performed annually by the Associate Director Applicant: _____

Number of cases performed annually by Surgical Faculty Applicant: _____

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

**A total number of 500 cases must be done annually in a one year program; or 300 cases per year for each of two years in a two year program. All cases counted for the program must be completed by an SISRB-approved Director, Associate Director or Surgical Faculty. Separate applications must be completed for Associate Director, Surgical Faculty and Senior Faculty of a program. Consult the SISRB Policies, Procedures and Guidelines for details on case requirements.*

Pathology Laboratory:

Check → Integral part of surgery unit Separate facility

If separate, describe location and distance from surgery unit. Also, describe mode of tissue transport, slide reading, etc.

Laboratory under direct supervision of Mohs surgery unit director: Check one → Yes No

(If no, specify laboratory supervisor and role of Mohs surgeon in the Laboratory.)

Technician: Check one → Full time Part time

Consultant Dermatopathologist: _____

Consultant Staff (Name, address, academic appointment):

Plastic Surgery:

Otolaryngology:

Radiotherapy:

Maxillofacial Prosthetics:

Hematology/Oncology:

Ophthalmology/Ocupalstics:

Internal Medicine:

C. Education Program

Anatomy training: describe method of instruction, faculty, and duration.

Dermathopathology training: describe method of instruction, faculty, duration.

Histopathology lab techniques: describe method of instruction, faculty, duration.

Cardiopulmonary Resuscitation: describe method of instruction, faculty, duration.

Tissue biology and wound healing: describe method of instruction, faculty, duration.

Principles of plastic surgery: describe method of instruction, faculty, duration.

Cutaneous oncology: describe method of instruction, faculty, duration:

D. Acknowledgement of Responsibilities

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.

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.

Signature: _____

Print name: _____

Date: _____

E. Additional information required*

A case log of all cases performed by the Director in the previous twelve month period must be submitted. You may use the SISRB/ACMS case log form or your own format as long as all items are included. The log must contain: patient identification number/initials (*do not include names*), date, tumor type and anatomic site, pre-op size, post-op size, and number of stages, and type of repair. In addition to the log, 50 "challenging" Mohs cases and 50 complex reconstructions must be submitted with a brief narrative summary (operative reports, maps, etc.). To help with this process, the SISRB has developed a Complex Case Checklist that is available on the Web site with the other Fellowship Training Faculty Application information.

You are also required to attach a typical schedule for fellow's educational activities while in the program, a current curriculum vitae citing recent academic pursuits, and a Fellowship Training Program Number of Cases Form.

The entire application must be submitted on standard 8 ½ x 11 paper with no staples or clips to assist with duplication or in electronic format (PDF or Excel spreadsheet).

An application fee of \$500 must be submitted for the Director. If Associate Director and/or Surgical Faculty application(s) are submitted simultaneously with a Director application, no fee is charged for the additional applications.

**Consult the ACMS Policies, Procedures and Guidelines for details.*

Return completed application 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.