

**Fellowship Training Program  
Surgical Faculty Application Form**

Surgical Faculty Applicant Name: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Date that Director's Program was approved: \_\_\_\_\_

Address of Surgery Unit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check one →**                      Medical Center \_\_\_\_\_                      Private Practice \_\_\_\_\_

**A. Information concerning the Surgical Faculty 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 and year): \_\_\_\_\_

Mohs surgical experience (number of years): \_\_\_\_\_

Date became an Associate Member of the ACMS (Mohs College): \_\_\_\_\_

Date 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: \_\_\_\_\_

Number of cases performed annually by the Associate Director (if applicable): \_\_\_\_\_

Number of cases performed annually by Surgical Faculty Applicant: \_\_\_\_\_

Number of cases performed annually by the Senior Faculty (if applicable): \_\_\_\_\_

*\*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. Consult the SISRB Policies, Procedures and Guidelines for details on case requirements.*

**C. Acknowledgement of Responsibilities**

As a Surgical Faculty member, I acknowledge that the approved Program Director is solely responsible for each fellow's completion of his or her training. I release the Site Inspection and 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 Surgical Faculty.

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: \_\_\_\_\_

**D. Additional information required\***

A curriculum vitae and case log of all cases performed by the Surgical Faculty applicant 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. Case logs may 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).

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

**Return completed application form 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.*