



## Program Application

Fellowship Director: \_\_\_\_\_ Location: \_\_\_\_\_

I agree to the following requirements of the ASAPS Endorsed Fellowship Program:

1. My fellowship start date will be July 1, 2020  Yes
2. My fellowship will be 12 months in length  Yes
3. I agree to abide by and conform to the SF Match Rules and attached curriculum  Yes
4. When requested, I will provide data to support the achievement of educational and clinical goals.  Yes
5. I will maintain fellowship case log.  Yes
6. I will supply faculty/fellowship evaluation to the ASAPS Fellowship Oversight Committee.  Yes
7. I am willing to participate in a future review mechanism to maintain agreed upon standards.  Yes
8. I have attached a letter of support from the academic institution's plastic surgery program director with whom I am associated, verifying that this fellowship will not compromise the resident learning experience in any way.  Yes  
If not, please explain: \_\_\_\_\_
9. The fellow will design and execute at least one clinical study or research project with the ultimate goal of submission to a national meeting or peer-reviewed journal.  Yes

Please answer the following fellowship questions:

10. I will provide appropriate malpractice insurance to the fellow(s).  Yes  No
11. I will provide some form of financial support (housing stipend, salary, etc)  Yes  No
12. A graduation certificate will be issued upon completion of the fellowship.  Yes  No  
If yes, by what institution?
13. I will allow my fellow to freely provide information on the educational experience including an accurate list of the quantity and quality of aesthetic procedures that the fellow experienced during the fellowship (case list).  Yes  No

14. Please provide the following information for our website listing:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other information you would like us to provide about your program (short description- 250 words max):

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**Please Email Completed Application to Pamela Diecidue at [Pamela@surgery.org](mailto:Pamela@surgery.org)**