

ASDS International Preceptorship Program



The *American Society for Dermatologic Surgery International Preceptorship Program* was established through the Lawrence Field, MD International Dermatologic Surgery Education Exchange Fund. The primary goal is to enhance the exchange of information and body of knowledge for an international preceptee through a visit to the US.

International Preceptorship Application

Name: _____
Institution/Affiliation: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Office Phone: _____ Cell Phone: _____
Email: _____ Facsimile: _____
Area of Dermatologic Surgery Learning Interest/Expertise: _____

I am interested in the ASDS International Preceptorship Program as follows:

- Participating as a host for an International Preceptee**
ASDS will contact you when a preceptee requests to visit your practice and is approved to participate
- Participating as an International Preceptee**
Please continue filling out the information below and submit with all required documents and agreement to the following:
 1. I am an ASDS Dermatologist Member and or providing proof of degree/licensure in dermatology
 2. I am including the abbreviated (no more than 3 page) CV required
 3. I will submit a narrative of my experience if my application is approved and I participate in the program
 4. I will adhere to all ASDS International Preceptorship Program Guidelines should I be accepted into the program

I would like to visit the following US Dermatologic Surgeon(s)/Institution(s):

- First Choice: _____
- Second Choice: _____

Requested length and date(s) of visit:

- First Choice: _____ MONTH _____ DATE(S), 2012
- Second Choice: _____ MONTH _____ DATE(S), 2012

The intended outcome for my visit would be (This will be shared with your host): _____