

DermSurg Fellowship Finder Survey for use by Fellows



1. Fellows Last Name: _____ First Name: _____

2. Fellowship Director Last Name: _____ First Name: _____

3. Fellowship Program Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Website: _____

Fellowship Coordinator Name: _____

Fellowship Coordinator Email Address: _____

Fellowship Director Email Address: _____

4. Please list other affiliated physicians you worked with other than the Fellowship Director:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

5. Please identify the fellowship's program affiliation:

- Procedural Dermatology (ACGME)
- American College of Mohs Surgery (ACMS)
- Cosmetic Dermatologic Surgery Fellowship Program (CDSFP)
- Independent

6. Please indicate the beginning date of your fellowship. ____/____/____

7. Please indicate the ending date of your fellowship. ____/____/____

8. Please list past fellows from fellowship program from the past five years:

Name: _____ Year Completed: _____

Email Address: _____ Phone Number: _____

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Name: _____ Year Completed: _____

Name: _____ Year Completed: _____

Name: _____ Year Completed: _____

Name: _____ Year Completed: _____

Name: _____ Year Completed: _____

Please fax this form to ASDS attention Steven Hlavik at 847/956-0999.