

DermSurg Fellowship Finder Survey for use by Fellowship Directors



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

2. Fellowship Program Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Web site: _____

Fellowship Coordinator Name: _____

Fellowship Coordinator Email Address: _____

Fellowship Director Email Address: _____

3. Please list other affiliated physicians, other than Fellowship Director that fellow will work with:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

4. Please identify your fellowship program affiliation:

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

5. Choose one that best describes your practice:

- Academic
- Group/Private Practice

6. Please indicate the term of the fellowship program:

- 1 year
- 2 years
- Other _____ years

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7. Please indicate the year the fellowship was initiated. _____
8. Please indicate the fellowship program application date deadline. ____/____/____
 Is the application process through a formal match? Yes No
9. Please indicate the fellowship selection announcement date. ____/____/____
10. Please indicate the fellowship program beginning date. ____/____/____
11. Please indicate the number of fellowship program positions. _____
12. Please specify below, which procedures and the typical number of cases that are performed in the fellowship program: (if you are unsure of the number of cases, just check the procedure)

Please check: # of cases per year:

Mohs

Mohs _____

Laser surgery

Intense pulsed light _____
 Laser hair removal _____
 Tattoo laser _____
 Vascular laser _____

Rejuvenation

Chemical peels: light _____
 Microdermabrasion _____
 Non-ablative fractional resurfacing _____
 Non-ablative laser & light based treatments _____

Wrinkles

Fat transfer _____
 Neuromodulators _____
 Soft-tissue fillers _____

Resurfacing

Ablative laser resurfacing _____
 Chemical peels: medium – deep _____
 Dermabrasion _____
 Fractional laser treatments _____

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Lifting

- Blepharoplasty _____
- Browlift _____
- Facelift _____
- Rhytidectomy _____

Hair treatment

- Hair Removal _____
- Hair transplantation _____

Body contouring

- Cryolipolysis _____
- Laser lipolysis _____
- Other energy based or chemical modalities _____
- Tumescent liposuction _____
- Ultrasound/radiofrequency fat removal _____
- Fat transfer _____
- Liposuction _____

Veins

- Ambulatory phlebectomy _____
- Laser varicose vein surgery _____
- Pulsed light therapy _____
- Sclerotherapy _____
- Endovenous laser ablation _____

Scar Revision

- Acne scar excision _____
- Fractional/vascular laser _____
- Injection treatment _____
- Keloid excision _____
- Subcision _____
- TCA/CROSS _____
- Z-Plasty _____

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

Name: _____ Year Completed: _____

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 by April 10, 2017.