



APPLICATION

Share dermatologic surgery expertise worldwide while enhancing training and patient care among the international community through the International Traveling Mentorship Program. ITMP was established in 2010 through the Lawrence M. Field, MD, International Dermatologic Surgery Education Exchange Fund.

Contact and Program Eligibility Information

| Name | _ Email | | |
|---|----------|-------------|--|
| Institution | | | |
| Address | | | |
| City | _ State | Postal Code | |
| Country | _ | | |
| Phone | _ Fax | | |
| Member of ASDS DASIL Other* *ASDS acceptance of "Other" membership is contingent on applicant providing | | | |
| Number of years of dermatologic experience | _ | | |
| Area of dermatologic surgery learning interest/expertise | | | |
| I agree to adhere to all the ASDS ITMP Guidelines should I be accepted I agree to submit a narrative of my experience should my application be | | ∃ Yes | |
| I am inter | ested in | | |
| ☐ Serving as a Traveling Mentor | | | |
| Interested in the following country/institution | | | |
| The intended outcome for my visit would be to | | | |
| | | | |
| Available length and date(s) of visit | | | |
| I am fluent in following languages | | | |
| Hosting a Traveling Mentor | | | |
| Interested in a Traveling Mentor with the following areas of exp | pertise | | |
| Availability to host | | | |
| Signature: | | Date | |

Please return the completed form (using additional sheets if necessary) to education by email at *education@asds.net* or by fax to 847-956-0999.





ASDS International Traveling Mentorship Program

Criteria for Program Participant Consideration

All applicants must submit a completed application, letter of recommendation, brief CV (no more than three pages) and an electronic photo.

Considered Mentors Must

- Be an ASDS* or Other Member (ASDS acceptance of "Other" membership contingent on applicant providing evidence of international equivalence in dermatology certification/training).
- Have completed a residency/fellowship in dermatology and have a minimum of seven years of practice experience.
- Submit one letter of recommendation from your peer in the dermatologic field in your country and one letter of recommendation from an ASDS member.
- > Be in possession of special skills needed in the dermatologic surgery community.
- Have documented teaching experience with strong emphasis on academic activities in dermatologic surgery.
- Speak fluent English; English is considered the international language of scientific exchange. Presentations should be in English, with exception of fluency in language of local visit.
- Documentation of publications in dermatologic surgery in a professional medical journal is strongly suggested.

Considered Hosts Must

- Be an ASDS* or Other Member (ASDS acceptance of "Other" membership contingent on applicant providing evidence of international equivalence in Dermatology certification/training).
- Be in an authoritative position in dermatologic surgery at a hosting institution or facility in order to properly facilitate and take responsibility for visit, presentations, patient procurement, surgical procedures, etc.
- Submit one letter of recommendation from your peer in the dermatologic field in your country and one letter of recommendation from an ASDS member.
- Speak fluent English; English is considered the international language of scientific exchange. Interchange should be in English with exception of when there is a fluency in the language of local visit.

Status as a Mentor/Host may be rescinded at any time based on review of concerning circumstance by ITMP committee and majority vote of two thirds.

All participants that reside in third world countries pay a reduced membership dues rate of \$150.00.

*Qualified third world countries must be on the ASDS board-approved list. Please return the completed form (using additional sheets if necessary) to education, by email at *education@asds.net* or by fax to 847-956-0999.