



**COSMETIC DERMATOLOGIC SURGERY FELLOWSHIP PROGRAM**

**ANNUAL ATTESTATION FORM**

I, \_\_\_\_\_ (print name), am the Program Director

at \_\_\_\_\_ (print program name) and

I attest that there have been: (Please check one.)

\_\_\_\_\_ no changes to the program in the last year that would impact my accreditation status.

\_\_\_\_\_ changes to the program in the last year, which are outlined below, that may impact my accreditation status:

*List any significant changes that may have affected your program and should be considered by the ASDS Accreditation Work Group (e.g. faculty or director additions/ changes, number of Fellow(s) changes, case load volume changes, location changes or additions of additional training sites). Attach all supporting documentation of the changes.*

*Please enclose your program cases performed last year to guarantee sufficient case loads to support your Fellow(s) in the upcoming year.*

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Sign

Date

*Please send the signed form and all supporting documentation to [cdsfap@asds.net](mailto:cdsfap@asds.net) or fax to 847-956-0999. Contact Hana Herron at [hherron@asds.net](mailto:hherron@asds.net) or 847-956-9139 with any questions.*

## COSMETIC DERMATOLOGIC SURGERY FELLOWSHIP PROGRAM

**Number of Cases your program performed in the last calendar year (all approved faculty included):**

Procedures	# Cases Performed	Procedures	# Cases Performed
<b>Wrinkles and Folds</b>		Laser Lipolysis	
Fat Transfer <i>(Optional)</i>		Ultrasound /Radiofrequency Fat Removal	
Neuromodulators		Tumescent Liposuction	
Soft Tissue Fillers <i>Must include specific training in all FDA approved types: poly-L-lactate, hyaluronic acid, and calcium hydroxylapatite fillers.</i>		Ultrasound/Radiofrequency Tissue Tightening	
<b>Rejuvenation</b>		Other Energy-based or Chemical Modalities	
Microdermabrasion		<b>Lifting</b>	
Non-ablative Laser and Light-based Treatments <i>Must include specific training in pigmented lesion lasers and vascular lasers.</i>		Brow Lift	
Non-ablative Fractional Resurfacing		Blepharoplasty	
Chemical Peels – Light		Facelift	
<b>Resurfacing</b>		<b>Hair Treatments</b>	
Chemical Peels – Medium-Deep		Hair Transplantation	
Ablative Laser Resurfacing		Hair Removal	
Dermabrasion		<b>Scar Revision</b>	
Fractional Laser Treatments		Fractional/Vascular Laser	
<b>Veins</b>		Keloid Excision	
Ambulatory Phlebectomy		Acne Scar Excision	
Laser Varicose Vein Surgery		Z-plasty	
Pulsed-light Therapy		Subcision	
Sclerotherapy		TCA/CROSS	
<b>Body Contouring</b>		Injection Treatment**	
Cryolipolysis			

*\*\*excluding intralesional corticosteroids, local anesthetics or injections elsewhere in this table.*

Program Case Requirements per each Fellow trained:

**One Fellow** - A fellowship program must support two or more faculty members, including the Fellowship Director, and must have at least 1,000 combined cases per year, on average, in five of eight categories over the last five years.

**Two Fellows** - A fellowship program must support three or more faculty members, including the Fellowship Director, and must have at least 2,000 combined cases per year, on average, in five of eight categories.

**Three Fellows** – A fellowship program must support a minimum of four faculty members, including the Fellowship Director, and must have at least 3,000 combined cases per year, on average, in five of eight categories. Two of the supporting faculty must have at least 1,000 cases each to sufficiently support the Fellows.

Program Name:

Date Submitted: