

Early-Career Preceptorship Program

(For ASDS Members in North American two to ten years post-residency)

STEP 1 – Complete Application

ASDS Member ID#: _____

Name: _____

Practice / Institution: _____

Address: _____

Email: _____

Phone: _____

Current Position: _____

Preceptorship Information:

Area(s) of Focus:

- Blepharoplasty
- Chemical Peel
- Dermabrasion
- Fillers/Neuromodulators
- Lasers
- Lifts: Face, Brow, Neck and S-Lift
- Liposuction
- Reconstruction
- Skin Cancer Surgery
- Treatment of Venous Disease
- Other _____

Budget Request (In U.S. dollars)

Funds provided will be determined based on estimated expenses and funding available for the program year.

Provide totals in U.S. Dollars for each category.

Attach a separate sheet, if necessary.

Transportation USD \$ _____

Lodging USD \$ _____

Meal USD \$ _____

Other* USD \$ _____

Total Request USD \$ _____

*Please detail _____

STEP 2 – Preceptor Information

After securing an approved ASDS Preceptor and agreeing to dates of your visit, send this application to the preceptor for signature. **Applications submitted without preceptor signature will automatically be rejected.**

ASDS Member ID#: _____

Name: _____

Practice / Institution: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Start Date: _____

End Date*: _____

***Preceptorships must be completed by Dec. 18, 2020.**

Preceptor Signature: _____

Preceptor: Fax signed application to 847-956-0999 or email jwisniewski@asds.net.

STEP 3 - Submit to ASDS

Submit below documentation to ASDS. Limited reimbursement may be available on a case-by- case basis.

Required Documents:

- Completed and signed application.
- Curriculum vitae.
- Electronic color photo of applicant (high-resolution digital file minimum image dimension of 600x600).
- Brief essay describing:
 - Your career goals.
 - Educational goal(s) of the preceptorship for which you are applying and any specific project planned.
 - How you believe this preceptorship will impact your future or current practice in dermatologic surgery.

Submit to:

Email: jwisniewski@asds.net

Fax: 847-956-0999, Attn: Janine Wisniewski

Phone Inquiries: 847-956-9120