International Consortium of Mohs Surgery (ICMS)

ALLIED MEMBER APPLICATION FORM

📝 INSTRUCTIONS FOR APPLICANTS

Before you begin:

1. This form is for physicians involved in skin cancer surgery or reconstructive dermatologic surgery who are aligned with the ICMS mission but may not meet Full Member criteria
2. Allied membership is ideal for: dermatologists, plastic surgeons, ENT/head & neck surgeons, oncologists, dermatopathologists, and related specialists
3. Please complete ALL sections of this form
4. Gather all required supporting documents (listed in Section 5)
5. Save your completed form and email it with all documents to: **membership@icmohssurgery.org**
6. Subject line should read: **"ICMS Allied Member Application - [Your Full Name]"**

Questions? Contact us at info@icmohssurgery.org

Expected Review Time: 3-4 weeks. You will receive email confirmation upon receipt.

IMPORTANT NOTE: Allied membership does NOT attest to or certify Mohs surgery training or competence. It reflects engagement in skin cancer care and support of ICMS goals.

SECTION 1: APPLICANT INFORMATION

Full Legal Name:

Preferred Name (if different):

Date of Birth (DD/MM/YYYY):

Gender (optional): ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say

Nationality (Country of Citizenship):

SECTION 2: CONTACT INFORMATION

Mailing Address:

Street Address:

_____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Email Address (primary):

Secondary Email (optional):

Telephone (with country code):

SECTION 3: PROFESSIONAL INFORMATION

Primary Institution / Practice Name:

Position / Title:

Department / Specialty:

(e.g., Dermatology, Plastic Surgery, ENT/Head & Neck Surgery, Oncology, Dermatopathology)

Institution Address:

Street Address:
_____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Professional Website (if applicable):

SECTION 4: ALLIED MEMBER ELIGIBILITY

A. Professional Background

Medical Degree: Institution: _____ Year Graduated: _____

Specialty Training (Residency/Fellowship):

Primary Specialty: _____
Institution: _____
Years: _____

Additional Training/Fellowship: _____
Institution: _____
Years: _____

Board Certification(s):

_____

_____

_____

B. Involvement in Cutaneous Oncology

Please describe your professional involvement related to Mohs surgery or cutaneous oncology: (Examples: reconstructive surgery post-Mohs, dermatopathology consultation, multidisciplinary tumor boards, skin cancer research, patient referrals)

_____

_____

_____

_____

Approximate percentage of your practice dedicated to skin cancer care: ☐ Less than 10%
☐ 10-25%
☐ 25-50%
☐ 50-75%
☐ More than 75%

Types of professional activities in skin cancer/Mohs surgery (check all that apply): ☐ Reconstructive surgery
☐ Dermatopathology consultation
☐ Multidisciplinary tumor boards
☐ Research and publications
☐ Patient referrals to/from Mohs surgeons
☐ Education and training
☐ Collaboration on complex cases
☐ Other:
_____

C. Collaborative Work with Mohs Surgeons

Do you currently collaborate with Mohs surgeons? ☐ Yes ☐ No

If yes, please describe the nature of this collaboration:

Name of Mohs surgeon colleague(s) you work with (optional):

SECTION 5: REQUIRED SUPPORTING DOCUMENTS

Please check all documents you are including with this application:

☐ **Curriculum Vitae (CV)**

☐ **One to Two (1-2) Professional Reference Letters** References should be from colleagues who can speak to your:

- Professional involvement in cutaneous oncology
- Commitment to high-quality skin cancer care
- Interest in collaboration with Mohs surgeons

References may be submitted directly to membership@icmohssurgery.org

☐ **Brief Statement of Interest** (optional but recommended)

- Why are you interested in ICMS membership?
- How do you envision contributing to ICMS goals?
- (Can be included in email or as separate document, 250-500 words)

☐ **Additional documentation** (optional) Please list:

_____

SECTION 6: AREAS OF INTEREST IN ICMS

Please indicate your areas of interest (check all that apply):

☐ Multidisciplinary collaboration
☐ Reconstructive techniques
☐ Research and publications
☐ Education and training
☐ International networking
☐ Meetings and conferences
☐ Best practices in skin cancer care
☐ Global health and access
☐ Other:

_____

Would you be interested in serving on ICMS committees? ☐ Yes ☐ No ☐ Maybe in the future

If yes, which areas interest you?

SECTION 7: SUBMISSION INSTRUCTIONS

Please email your completed application and all supporting documents to:

📧 **membership@icmohssurgery.org**

Email Subject Line: ICMS Allied Member Application - [Your Full Name]

What to include:

- This completed application form
- Curriculum Vitae (CV)
- 1-2 professional reference letters
- Brief statement of interest (recommended)

After Submission:

- You will receive email confirmation within 2-3 business days
- Application review takes approximately 3-4 weeks
- The Membership Committee will contact you if additional information is needed
- You will be notified of the decision via email

SECTION 8: DECLARATION

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I agree to abide by the bylaws, ethical standards, and policies of the International Consortium of Mohs Surgery (ICMS).

I understand that:

- This application does not guarantee acceptance
- My application will be reviewed by the ICMS Membership Committee
- **Allied membership does NOT attest to or certify Mohs surgery training or competence**
- Allied membership reflects my engagement in skin cancer care and support of ICMS goals
- This status is clearly labeled to avoid any misunderstanding by patients, regulators, or payors
- Allied Members do not have voting rights but have access to educational programs and networking

Applicant Signature: _____

Printed Name: _____

Date: _____

FOR OFFICE USE ONLY

Application Received: _____

Assigned to Reviewer: _____

Committee Review Date:

_____

Decision: ☐ Approved ☐ Pending ☐ Additional Info Required ☐ Denied

Notes:

_____

International Consortium of Mohs Surgery (ICMS)
Email: info@icmohssurgery.org | Website: www.icmohssurgery.org

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