International Consortium of Mohs Surgery (ICMS)

FULL MEMBER (MOHS SURGEON) APPLICATION FORM

📝 INSTRUCTIONS FOR APPLICANTS

Before you begin:

1. This form is for dermatologic surgeons whose Mohs training and practice have been recognized by credible national or regional Mohs societies
2. Please complete ALL sections of this form
3. Gather all required supporting documents (listed in Section 5)
4. Save your completed form and email it with all documents to: **membership@icmohssurgery.org**
5. Subject line should read: **"ICMS Full Member Application - [Your Full Name]"**

Questions? Contact us at info@icmohssurgery.org

Expected Review Time: 4-6 weeks. You will receive email confirmation upon receipt.

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):

(e.g., United States, United Kingdom, Australia)

SECTION 2: CONTACT INFORMATION

Mailing Address:

Street Address:

_____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Email Address (primary):

Secondary Email (optional):

Telephone (with country code):

(e.g., +1-555-123-4567)

SECTION 3: PROFESSIONAL INFORMATION

Primary Institution / Practice Name:

Position / Title:

(e.g., Attending Dermatologist, Director of Mohs Surgery, Associate Professor)

Department (if applicable):

(e.g., Dermatology, Dermatologic Surgery)

Institution Address:

Street Address:
_____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Professional Website (if applicable):

SECTION 4: FULL MEMBER ELIGIBILITY REQUIREMENTS

A. Mohs Society Membership

Please list your current membership(s) in ICMS-recognized Mohs societies:

1. Society Name:
   _____

Membership Number:
_____

Year Joined:
_____

2. Society Name:
_____

Membership Number:
_____

Year Joined:
_____

ICMS-Recognized Societies include:

- American College of Mohs Surgery (ACMS)
- European Society for Micrographic Surgery (ESMS)
- Other nationally/regionally recognized Mohs societies (under review by ICMS Membership Committee)

B. Professional Qualifications

Medical Degree: Institution:
_____ Year Graduated: _____

Dermatology Residency: Institution:
_____ Years:
_____

Mohs Surgery / Procedural Dermatology Fellowship: Institution:
_____ Years:
_____
Program Director:
_____

Board Certification(s):

1. Board:
   _____
   Year Certified:
   _____

2. Board:
   _____
   Year Certified:
   _____

C. Current Mohs Surgery Practice

Approximate number of Mohs cases performed annually:

Years in active Mohs practice:

Primary practice setting: ☐ Academic medical center
☐ Private practice
☐ Group practice
☐ Hospital-based
☐ Other:
_____

SECTION 5: REQUIRED SUPPORTING DOCUMENTS

Please check all documents you are including with this application:

☐ **Curriculum Vitae (CV)**

☐ **Proof of membership in recognized Mohs society** (e.g., ACMS, ESMS) (Copy of membership card, certificate, or official letter)

☐ **Two (2) Standardized Reference Forms** References should be from:

- Mohs surgeons or dermatologists familiar with your training and practice

- Use ICMS standardized reference form (available at icmohssurgery.org)
- References may be submitted directly to membership@icmohssurgery.org

☐ **Copy of relevant board certification(s)** (if applicable) (e.g., ABD, ABMS, Royal College certification)

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

_____

SECTION 6: AREAS OF INTEREST IN ICMS

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

☐ Education and training initiatives
☐ Research and publications
☐ International collaboration
☐ Histotechnology advancement
☐ Meetings and conferences
☐ Committee service
☐ Mentorship programs
☐ Practice standards and guidelines
☐ Global health and access
☐ Other:

_____

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

If yes, which committees interest you?

SECTION 7: SUBMISSION INSTRUCTIONS

Please email your completed application and all supporting documents to:

📧 **membership@icmohssurgery.org**

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

What to include:

- This completed application form
- All required supporting documents (Section 5)
- Reference forms (can be submitted separately by referees)

After Submission:

- You will receive email confirmation within 2-3 business days
- Application review takes approximately 4-6 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
- ICMS membership does not certify or accredit Mohs surgery training
- Full membership grants voting rights and eligibility to use the designation "Fellow of the International Consortium of Mohs Surgery (FICMS)" as defined in the ICMS bylaws

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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