International Consortium of Mohs Surgery (ICMS)

Reference Form

Thank you for agreeing to provide a reference for an applicant to the International Consortium of Mohs Surgery (ICMS). ICMS is an educational and collaborative society. Completion of this form does **not** constitute formal certification, accreditation, or privileging of the applicant. Your candid assessment helps the Membership & Credentials Committee evaluate suitability for the requested membership category (e.g., Full Member, Associate Member, Member in Training).

Section 1 – Applicant Information

Applicant name: _____

Email: _____ **Phone:** _____

Institution / Practice: _____

City, Country: _____

Primary specialty: _____

Membership category requested (if known): ☐ Full Member ☐ Associate Member ☐ Member in Training ☐ Other: _____

Section 2 – Referee Information

Your name: _____

Title / Position: _____

Institution: _____

Email: _____ **Phone:** _____

City, Country: _____

Professional relationship to applicant:

_____

_____

How long have you known the applicant? _____

In what capacity have you observed the applicant? (e.g., direct supervisor, colleague, program director)

_____

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Section 3 – Evaluation of the Applicant

Please rate the applicant on the following domains, compared with peers at a similar career stage. If you have insufficient experience to judge a particular domain, please select "Unable to assess".

Domain	Outstanding	Above expectations	Meets expectations	Below expectations	Unable to assess
Clinical judgement in skin cancer care					
Technical skill in surgery / procedures					
Histopathologic reasoning (if applicable)					
Patient communication & empathy					
Professionalism & integrity					
Teamwork & collaboration					
Commitment to learning & teaching					

Section 4 – Narrative Comments

Please comment on the applicant's strengths and any areas for growth. Concrete examples are especially helpful (e.g., complex cases managed, professionalism under pressure, contributions to teaching or quality improvement).

Comments:

Section 5 – Overall Recommendation

In your overall judgment, how strongly do you support this applicant's membership in ICMS at the requested level?

□ Strongly recommend, without reservations □ Recommend
□ Recommend with some reservations (please explain above)
□ Do not recommend at this time

Section 6 – Confirmation

By signing below, you confirm that this evaluation reflects your honest professional opinion, based on your direct experience with the applicant, to the best of your knowledge.

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Signature: _____ **Date:** _____

If you prefer to complete and sign this form electronically, ICMS will accept stamped/dated e-signatures.