International Consortium of Mohs Surgery (ICMS)

MEMBER-IN-TRAINING APPLICATION FORM

📝 INSTRUCTIONS FOR APPLICANTS

Before you begin:

1. This form is for physicians currently enrolled in dermatology residency or formal Mohs / procedural dermatology fellowship programs
2. Please complete ALL sections of this form
3. You will need a letter of verification from your Program Director or Supervisor
4. Save your completed form and email it with all documents to: **membership@icmohssurgery.org**
5. Subject line should read: **"ICMS Member-in-Training Application - [Your Full Name]"**

Questions? Contact us at info@icmohssurgery.org

Expected Review Time: 2-3 weeks. You will receive email confirmation upon receipt.

BENEFITS: Access to ICMS curriculum, virtual case discussions, mentorship opportunities, and reduced registration fees for selected ICMS meetings and courses.

PATHWAY TO FULL MEMBERSHIP: After completing your training and meeting society-based criteria, you will be eligible to apply for Associate or Full Member status.

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 - please use institutional email if available):

Secondary Email (optional):

Telephone (with country code):

SECTION 3: MEDICAL EDUCATION

Medical Degree: Institution:
_____ Year
Graduated (or expected): _____
Country:
_____

Medical School Honors/Awards (optional):

SECTION 4: CURRENT TRAINING STATUS

Current Training Level (check one): ☐ Dermatology Resident
☐ Mohs Surgery / Procedural Dermatology Fellow
☐ Other Fellowship (please specify): _____

Training Program Name:

Institution:

Program Address:

Street Address:
_____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Program Director / Supervisor Name:

Program Director Email:

Current Year of Training: Year _____ of _____ (e.g., PGY-3 of 4, Year 1 of 2 fellowship)

Expected Completion Date:

(Month/Year)

SECTION 5: TRAINING IN MOHS SURGERY & CUTANEOUS ONCOLOGY

Have you completed formal Mohs surgery training/fellowship? ☐ Yes, completed
☐ Currently in fellowship
☐ Planning to apply
☐ Not planning formal fellowship

If completed or in fellowship, please provide details:

Fellowship Program:
_____ Institution:
_____ Dates:
_____

Approximate number of Mohs cases observed/performed to date:

Areas of particular interest in Mohs surgery and cutaneous oncology:

Research experience or publications related to Mohs surgery/dermatology (optional):

SECTION 6: CAREER GOALS

What are your career goals after completing training? ☐ Academic medicine
☐ Private practice
☐ Group practice
☐ Research-focused
☐ Global health / underserved populations
☐ Undecided
☐ Other: _____

Please briefly describe your interest in ICMS membership: (What do you hope to gain? How do you plan to contribute?)

SECTION 7: REQUIRED SUPPORTING DOCUMENTS

Please check all documents you are including with this application:

☐ **Letter of Verification from Program Director / Supervisor** This letter should confirm:

- Your current enrollment in the training program
- Your training level and expected completion date
- Your standing in the program (good standing)

Letter may be submitted directly by Program Director to membership@icmohssurgery.org

☐ **Brief Curriculum Vitae or Resume** Should include:

- Medical education
- Training history
- Research/publications (if applicable)
- Honors/awards (if applicable)

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

SECTION 8: AREAS OF INTEREST IN ICMS

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

☐ Online learning modules
☐ Virtual case conferences
☐ Mentorship opportunities
☐ Research collaboration
☐ International networking
☐ Histotechnology training
☐ Reconstructive techniques
☐ Practice management
☐ Global health initiatives
☐ Other:
_____

Would you like to be connected with an ICMS mentor? ☐ Yes ☐ No ☐ Unsure

If yes, what type of mentorship interests you? ☐ Career guidance
☐ Research collaboration
☐ Technical skills
☐ International opportunities
☐ Other:
_____

SECTION 9: SUBMISSION INSTRUCTIONS

Please email your completed application and all supporting documents to:

📧 **membership@icmohssurgery.org**

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

What to include:

- This completed application form
- Brief CV or resume
- Letter of verification from Program Director (can be sent separately)

After Submission:

- You will receive email confirmation within 2-3 business days
- Application review takes approximately 2-3 weeks
- You will be notified of the decision via email
- Upon approval, you will receive information about accessing member benefits

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SECTION 10: 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
- Member-in-Training status provides access to educational resources and networking
- I will be eligible to apply for Associate or Full Member status after completing training
- I must notify ICMS of any changes to my training status

Applicant Signature: _____

Printed Name: _____

Date: _____

FOR PROGRAM DIRECTOR / SUPERVISOR VERIFICATION

I verify that the above-named applicant is currently enrolled in our training program in good standing.

Program Director Name:

_____

Signature:

_____

Title: _____

Date:

_____

Email:

_____

(This section may also be submitted as a separate verification letter)

FOR OFFICE USE ONLY

Application Received: _____

Program Verification 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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