International Consortium of Mohs Surgery (ICMS)

RETIRED & HONORARY MEMBER APPLICATION FORM

📝 INSTRUCTIONS FOR APPLICANTS

Before you begin:

This form is for TWO categories of membership:

RETIRED MEMBERS:

- Former Full or Associate Members who have left active clinical practice but wish to remain connected to ICMS
- Self-nominated

HONORARY FELLOWS:

- Individuals with exceptional global contributions to Mohs surgery, dermatologic oncology, or education
- Typically nominated by the ICMS Board or senior members
- If self-nominating, please provide detailed justification and supporting letters

Please:

1. Complete ALL applicable sections of this form
2. Clearly indicate which category you are applying for (Section 4)
3. Gather all required supporting documents (listed in Section 7)
4. Save your completed form and email it with all documents to: membership@icmohssurgery.org
5. Subject line should read: **"ICMS Retired/Honorary 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.

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 BACKGROUND

Medical Degree: Institution: _____ Year Graduated: _____

Primary Specialty:

Board Certification(s):

Primary Professional Affiliation(s) during active career:

SECTION 4: MEMBERSHIP CATEGORY

Please select the category you are applying for:

☐ **RETIRED MEMBER**
Former Full or Associate ICMS Member who has retired from active clinical practice

☐ **HONORARY FELLOW**
Individual with exceptional contributions to Mohs surgery, dermatologic oncology, or medical education

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SECTION 5A: FOR RETIRED MEMBERS

(Complete this section only if applying for Retired Member status)

Former ICMS Membership Category: ☐ Full Member
☐ Associate Member
☐ Was not previously an ICMS member

Year of Retirement from Active Clinical Practice:

Former Professional Role(s):

Reason for Maintaining ICMS Connection: (e.g., mentorship, continued education, networking, staying current with field)

Career Highlights (brief summary):

Years in Active Mohs Surgery Practice:

Approximate Total Number of Mohs Cases Performed (if applicable):

SECTION 5B: FOR HONORARY FELLOWS

(Complete this section only if applying for Honorary Fellow status)

Are you being nominated by: ☐ ICMS Board of Directors
☐ ICMS Senior Member(s)
☐ Self-nomination
☐ Other:
_____

If nominated by others, please provide nominator information:

Nominator Name:
_____ Title/Position:
_____ Email:
_____

Summary of Exceptional Contributions to Mohs Surgery, Dermatologic Oncology, or Medical Education: (Please be specific and detailed - attach additional pages if needed)

Key Achievements (check all that apply and provide details below):

☐ Pioneering research in Mohs surgery or cutaneous oncology
☐ Development of new techniques or protocols
☐ Significant contributions to medical education
☐ Leadership in national or international organizations
☐ Advancement of Mohs surgery in underserved regions
☐ Mentorship of future generations of Mohs surgeons
☐ Prolific scholarship and publications
☐ Other exceptional contributions: _____

Details of Key Achievements:

Notable Publications, Presentations, or Awards (optional - attach CV for complete list):

Leadership Positions Held:

Current Professional Activities (if any):

SECTION 6: CONTINUED ENGAGEMENT WITH ICMS

How do you envision continuing to contribute to ICMS? (check all that apply)

☐ Mentorship of younger members
☐ Advisory roles
☐ Speaking at ICMS events
☐ Participation in committees (non-voting)
☐ Sharing historical perspectives and wisdom
☐ Supporting educational initiatives
☐ International networking and collaboration
☐ Other: _____

Specific areas where you could provide expertise or guidance:

Would you be willing to serve as a mentor to ICMS members? ☐ Yes ☐ No ☐ Maybe in the future

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SECTION 7: REQUIRED SUPPORTING DOCUMENTS

Please check all documents you are including with this application:

For Retired Members:

☐ **Current Curriculum Vitae (CV)**
☐ **Brief statement** about your career and interest in maintaining ICMS connection
☐ **Proof of former ICMS membership** (if applicable)

For Honorary Fellows:

☐ **Comprehensive Curriculum Vitae (CV)** with full list of achievements
☐ **Detailed statement of contributions** to Mohs surgery/dermatologic oncology
☐ **Two to Three (2-3) Letters of Support** from leaders in the field
Letters should address:

- Exceptional nature of contributions
- Impact on Mohs surgery or cutaneous oncology
- Why Honorary Fellow designation is warranted

Letters may be submitted directly to membership@icmohssurgery.org

☐ **Nomination letter** (if nominated by Board or member)

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

SECTION 8: SUBMISSION INSTRUCTIONS

Please email your completed application and all supporting documents to:

📧 **membership@icmohssurgery.org**

Email Subject Line: ICMS Retired/Honorary Member Application - [Your Full Name] - [Category]

What to include:

- This completed application form
- All required supporting documents (Section 7)
- CV with career highlights
- Supporting letters (especially for Honorary Fellows)

After Submission:

- You will receive email confirmation within 2-3 business days
- Application review takes approximately 3-4 weeks
- Honorary Fellow applications may require Board review
- You will be notified of the decision via email

SECTION 9: 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
- Honorary Fellow designation requires exceptional contributions and typically Board approval
- Retired and Honorary Members receive recognition at ICMS events
- I will have continued access to programs (often at reduced or waived fees)
- I may participate in mentorship and advisory roles

Applicant Signature: _____

Printed Name: _____

Date: _____

FOR NOMINATOR (Honorary Fellows Only)

I nominate the above individual for Honorary Fellow status in ICMS based on their exceptional contributions to Mohs surgery, dermatologic oncology, or medical education.

Nominator Name:
_____

Signature:
_____

Title/Position: _____

Institution: _____

Relationship to Nominee: _____

Date:
_____

Email:
_____

(Additional nominators may provide separate letters)

FOR OFFICE USE ONLY

Application Received: _____

Category: ☐ Retired Member ☐ Honorary Fellow

Supporting Documents Received: _____

Assigned to Reviewer: _____

Committee Review Date:
_____

Board Review Required: ☐ Yes ☐ No

Board Review Date (if applicable): _____

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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