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I. Program Goals

The purpose of the Observational Clinical Preceptorship program is to promote and expand educational opportunities related to the Mohs surgical technique, as practiced by skilled and experienced members of the ASMS. In addition to observing Mohs surgeries performed in real time, a number of frozen sections from preceptor's past cases will be available for review and discussion. Participants will be able to reinforce key concepts and techniques as demonstrated in the "Fundamentals of Mohs Surgery" course.

II. Program Core

Participating physicians will observe the preceptor in all aspects of the Mohs procedure, including related laboratory processing, histopathologic interpretation, and closure techniques. Patient care and quality assurance considerations will be emphasized.

III. Pre-Requisites

Each participant must be:

- A. Board-certified or Board-eligible in dermatology, or other (International) specialty involved in dermatologic surgery and cutaneous oncology
- B. A current ASMS member.
- C. A prior participant in the ASMS "Fundamentals of Mohs Surgery" course.

IV. Requirements for Completion

The participant must complete three weeks observational time within a two-year period. Ideally, participants will be able to schedule with three different preceptors for increased exposure to different Mohs efficiencies and valuable surgical pearls. A certificate of completion will be awarded.

V. Faculty

Faculty will consist of current ASMS members with extensive experience in the performance of Mohs surgery.

VI. Tuition

Tuition is \$1,500, payable to the American Society for Mohs Surgery. Proceeds from this program are used by the ASMS for the development and support of its overall educational program. Preceptors donate their time to provide this valuable educational service to other members of the Society.

Application Form

Name _____ M.D. D.O.

Practice Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Please confirm that you have met the following program prerequisites:

Dermatology Board-Certification or Eligibility Yes No

Current ASMS Membership Yes No

Prior Completion of ASMS "Fundamentals of Mohs Surgery" Course - Year Attended _____

Program tuition is \$1,500.00, payable to the American Society for Mohs Surgery.
Please enclose check or indicate credit card information below.

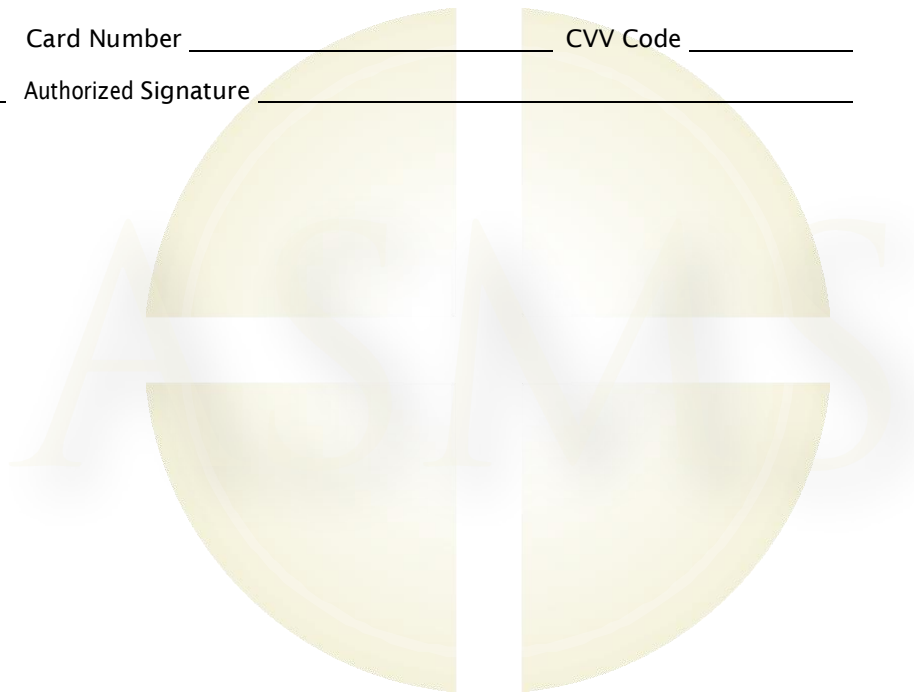
Check # (Enclosed)

VISA MasterCard AMEX Card Number _____ CVV Code _____

Expiration Date _____ Authorized Signature _____

► Return Completed Application to:

American Society for Mohs Surgery
6134 Poplar Bluff Circle, Ste. 101
Peachtree Corners, GA 30092
Phone: 785.783.2070
Fax: 305.422.3327
Email: denise@mohssurgery.org



Preceptor List

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