

# DermSurg Fellowship Finder Survey for use by Fellowship Directors



1. Fellowship Director Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

2. Fellowship Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

Fellowship Coordinator Name: \_\_\_\_\_

Fellowship Coordinator Email Address: \_\_\_\_\_

Fellowship Director Email Address: \_\_\_\_\_

3. Please list other affiliated physicians, other than Fellowship Director that fellow will work with:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

4. Please identify your fellowship program affiliation:

- Procedural Dermatology (ACGME)
- American College of Mohs Surgery (ACMS)
- Cosmetic Dermatologic Surgery Fellowship Program (CDSFP)
- Independent

5. Choose one that best describes your practice:

- Academic
- Group / Private Practice

6. Please indicate the term of the fellowship program:

- 1 year
- 2 years
- Other \_\_\_\_\_ years

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7. Please indicate the year the fellowship was initiated. \_\_\_\_\_
8. Please indicate the fellowship program application date deadline. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Is the application process through a formal match?    Yes     No
9. Please indicate the fellowship selection announcement date. \_\_\_\_/\_\_\_\_/\_\_\_\_
10. Please indicate the fellowship program beginning date. \_\_\_\_/\_\_\_\_/\_\_\_\_
11. Please indicate the number of fellowship program positions. \_\_\_\_\_
12. Please specify below, which procedures and the typical number of cases that are performed in the fellowship program: (if you are unsure of the number of cases, just check the procedure)

Please check: # of cases per year:

**Mohs**

Mohs \_\_\_\_\_

**Laser surgery**

Intense pulsed light \_\_\_\_\_  
 Laser hair removal \_\_\_\_\_  
 Tattoo laser \_\_\_\_\_  
 Vascular laser \_\_\_\_\_

**Rejuvenation**

Chemical peels: light \_\_\_\_\_  
 Microdermabrasion \_\_\_\_\_  
 Non-ablative fractional resurfacing \_\_\_\_\_  
 Non-ablative laser & light based treatments \_\_\_\_\_

**Wrinkles**

Fat transfer \_\_\_\_\_  
 Neuromodulators \_\_\_\_\_  
 Soft-tissue fillers \_\_\_\_\_

**Resurfacing**

Ablative laser resurfacing \_\_\_\_\_  
 Chemical peels: medium – deep \_\_\_\_\_  
 Dermabrasion \_\_\_\_\_  
 Fractional laser treatments \_\_\_\_\_

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## Lifting

- Blepharoplasty \_\_\_\_\_
- Browlift \_\_\_\_\_
- Facelift \_\_\_\_\_
- Rhytidectomy \_\_\_\_\_

## Hair treatment

- Hair Removal \_\_\_\_\_
- Hair transplantation \_\_\_\_\_

## Body contouring

- Cryolipolysis \_\_\_\_\_
- Laser lipolysis \_\_\_\_\_
- Other energy based or chemical modalities \_\_\_\_\_
- Tumescant liposuction \_\_\_\_\_
- Ultrasound/radiofrequency fat removal \_\_\_\_\_
- Fat transfer \_\_\_\_\_
- Liposuction \_\_\_\_\_

## Veins

- Ambulatory phlebectomy \_\_\_\_\_
- Laser varicose vein surgery \_\_\_\_\_
- Pulsed light therapy \_\_\_\_\_
- Sclerotherapy \_\_\_\_\_
- Endovenous laser ablation \_\_\_\_\_

## Scar Revision

- Acne scar excision \_\_\_\_\_
- Fractional/vascular laser \_\_\_\_\_
- Injection treatment \_\_\_\_\_
- Keloid excision \_\_\_\_\_
- Subcision \_\_\_\_\_
- TCA/CROSS \_\_\_\_\_
- Z-Plasty \_\_\_\_\_

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13. Please list past fellows from fellowship program from the past five years:

Name: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Name: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Name: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Name: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Name: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Name: \_\_\_\_\_ Year Completed: \_\_\_\_\_

***Please fax this form to ASDS attention Steven Hlavik at (847) 956-0999 by March 3, 2018.***