



AMERICAN ACADEMY OF COSMETIC SURGERY

Application For CLINICAL TRAINING PROGRAM ESTABLISHMENT

Date: _____

Please type or print legibly.

Name: _____
First Middle Initial Last

Office Address: _____

_____ Telephone: _____
City State Zip

Home Address: _____

_____ Telephone: _____
City State Zip

Citizenship: _____ Naturalized? _____

Person to notify in case of emergency: _____

I. REQUIREMENTS OF TRAINING PROGRAM DIRECTOR

The following guidelines are utilized in consideration of application for establishment of a Training Program in Cosmetic Surgery:

1. Director (applicant) must have a current valid medical licensure in the state in which the Training Program is to be offered;
2. Director must have hospital privileges to perform cosmetic surgery (of the same procedures to be offered in the Training Program) within the primary hospital utilized during the Training education;
3. Director and/or a majority of affiliate faculty must have a university appointment
4. Director must be Board Certified by the American Board of Cosmetic Surgery;
5. Director must be a Fellow Member of the American Academy of Cosmetic Surgery;
6. Director must agree to site visitation and review every two years to maintain facility and training accreditation;
7. Director must agree to attend and/or participate in the meetings and activities of the Training Committee;
8. Director must provide regularly scheduled conferences with participating Trainee(s) within the program to discuss current literature;
9. Director should encourage Trainee(s) to contribute to the scientific literature (or appropriate presentations) relative to the subject of Cosmetic Surgery (both basic scientific and/or clinical materials);
10. Director must complete the appropriate summary evaluation forms on each Trainee, and expect from each candidate a program evaluation relative to the experience directly to the AACCS, upon satisfactory completion of training prior to Training Certificate issuance;
11. Director must require all Trainees to maintain a current surgical case log of all procedures and must include at a minimum the date of the procedure, patient name, patient identification number, geographic location where procedure was performed, type of anesthesia/sedation, preoperative diagnosis, the operative procedure performed and the outcome of the procedure. This log is to be maintained in an electronic format utilizing the specific program provided by AACCS.

II. RECORD OF EDUCATION AND TRAINING OF TRAINING PROGRAM DIRECTOR

The applicant must provide a current CURRICULUM VITAE which identifies AT LEAST the following information:

1. Medical Education
2. Dental Education (if applicable)
3. Internship
4. Residency Training
5. Licensure Examinations Completed (FLEX, NBME, ECFMG)
6. Faculty Teaching Appointments and Affiliations
7. Membership in Professional Societies
8. Award or Recognition with those Societies
9. Presentations and Publications in Professional Scientific Societies and/or Literature
10. Works in Progress Relative to Cosmetic Surgery

III. HOSPITAL AND FREE-STANDING SURGICENTER AFFILIATIONS AND PRIVILEGES

1. Primary Hospital
Name: _____ Hospital Administrator: _____
Address: _____ Phone: _____
City, State, Zip _____ Department Appointment: _____

2. Secondary Hospital
Name: _____ Hospital Administrator: _____
Address: _____ Phone: _____
City, State, Zip _____ Department Appointment: _____

3. Surgicenter Affiliation:
Name: _____ Hospital Administrator: _____
Address: _____ Phone: _____
City, State, Zip _____ Department Appointment: _____

4. Are each of these affiliations operated independently of you, and subject to periodic independent Quality Assurance and Peer Review examination? Y N
If No, please explain on an Addendum Page.

5. Are you currently on the Active Medical Staff at each of these facilities and institutions? Y N
If No, please explain on an Addendum Page.

6. Do you currently possess hospital privileges to perform Cosmetic Surgical procedures (of the same type as the Training Program)? Y N
If No, please explain on an Addendum Page.

7. Provide a letter from the hospital administration or appropriate medical staff source confirming surgical privileges for Cosmetic Surgery (of the same type as training program).

8. Will hospital privileges be sought for all cosmetic Training applicants? Y N
If No, please explain on an Addendum Page.

9. Have you ever been suspended, or privileges revoked or denied to perform Cosmetic Surgery? Y N
If No, please explain on an Addendum Page.

IV. FACILITY AND PERSONNEL INFORMATION

1. Total square footage of each medical practice facility to be utilized during the Training Program:
Location: _____ Square Footage: _____
A.
B.
C.

2. Has AAAHC (American Association for Ambulatory Health Care) accreditation for primary outpatient facility been:
Approved? Denied? Applied For?

If Denied accreditation, please explain on Addendum Page.

3. Provision of sedation or anesthesia services, other than local, is primarily offered by:
Yourself: Y N
Staff: Y N
Anesthesia Service: Y N
Hospital Only: Y N

4. Are the participating physician(s) and anesthesia personnel currently certified in ACLS by the AHA? Y N
If No, please identify status of personnel not certified, and their responsibilities.

V. TRAINING PROGRAM INFORMATION:

1. Specifically, what category(s) of Cosmetic Surgical Training are to be available (circle each):
 - a). General Cosmetic
 - b). Facial Cosmetic
 - c). Dermatologic Cosmetic

2. Is state medical licensure required of all participating Trainees while in the Training Program? Y N
If No, explain conditions, if any, relative to institutional licensure, permits, etc. on an Addendum Page.

3. Does proposed Training Program offer any monthly stipend? Y N
If Yes, please explain terms, amounts (fixed or variable) on an Addendum Page.

4. Does proposed Training Program provide medical malpractice coverage for participating trainee(s)? Y N
If Yes, please list amount of coverage provided and carrier to underwrite on an Addendum Page.

5. Will accepted Training Participants be given the opportunity to provide Cosmetic Surgical procedures as Primary Surgeon (when deemed appropriate, based upon Fellow's background, experience and demonstrated abilities)? Y N

6. Will the Trainee(s) be required to submit and/or report appropriate basic research or clinical scientific findings to recognized professional scientific publications or major presentations? Y N

VI. CONTINUING MEDICAL EDUCATION INVOLVEMENT:

1. Number of required Continuing Medical Education hours, for state licensure (per year): _____

2. Are you in current compliance with these requirements? Y N
If No, please explain on an Addendum Page.

3. Do you currently participate as faculty in accredited CME courses in Cosmetic Surgery Y N
If Yes, include examples of past activity and titles as an Addendum, OR as part of Curriculum Vitae.

4. Do you sponsor, or direct, CME courses in Cosmetic Surgery Y N
If Yes, include examples of past activity and titles as an Addendum, OR as part of Curriculum Vitae.

5. Do you intend to offer and provide such CME courses in Cosmetic Surgery as part of the proposed Training Program? Y N

6. Have you contributed to the medical literature relative to Cosmetic Surgery? Y N
If Yes, provide such bibliography as Addendum, OR as part of Curriculum Vitae.

VII. DOCUMENTS TO BE PROVIDED BY THE TRAINING PROGRAM DIRECTOR:

1. Curriculum Vitae

2. Copy of current state licensure to practice Medicine and Surgery

3. Copy of current DEA-BNDD Certificate

4. Copy of current Medical Malpractice Insurance Facesheet

5. Copy of Medical School diploma

6. Copy of American Board of Cosmetic Surgery certificate

7. Listing of Affiliate Faculty

8. Current Passport Photograph, signed and dated

9. Signed Consent and Liability Waiver Form

10. A surgical log for the clinic for the one year period preceding application

