



TROGSS - Fellowship & Training Committee

TROGSS Intercontinental Training Programs Application - For Aspiring Candidates

TROGSS Membership ID: _____

Please select the type of training and rotation you are applying for.

Note that not all programs offer every type of training or rotation. Programs may offer hands-on experience, hands-off observation, or a hybrid model with simulation rotations, but not all programs include each option. For more details, visit trogss.org.

Training

- ☐ Robotic Surgery
- ☐ Advanced Laparoscopy
- ☐ Advanced Endoscopy

Rotation

- ☐ Fellowship
- ☐ Observership
- ☐ Visiting Professor

Please select the program you are applying for.

- ☐ Prof. Rodolfo J. Oviedo - Nacogdoches Medical Center (Nacogdoches, TX, U.S.A.)
- ☐ Prof. Omar F. Gaytan - November 20th National Medical Center, ISSSTE (Mexico City, Mexico)
- ☐ Dr. Adel Abou-Mrad - Centre Hospitalier Universitaire d'Orléans (Orléans, France)
- ☐ Prof. Beniamino Pascotto - Centre Hospitalier de Luxembourg (Luxembourg City, Luxembourg).

- ☐ Prof. Seiichi Kitahama - Chibune General Hospital (Osaka, Japan)
- ☐ Prof. Adolfo Pérez-Bonet - Mary Immaculate Hospital (Florencia, Colombia)
- ☐ Dr. Miljana Vladimirov - University Bielefeld-Campus Lippe (Detmold, Germany)
- ☐ Dr. Omar Rivera - InterHospital, (Guayaquil, Ecuador)



Preferred Dates for Your Rotation (DD/MM/YYYY to DD/MM/YYYY):

_____ to _____

Reason for Choosing this Rotation (Short Answer): _____

Personal Information

• **Full Legal Name:** _____

• **Nominal Titles/Credentials (eg, FACS, FRCS, etc.):** _____

• **Sex:** Male ☐ Female ☐

• **Date of Birth (DD/MM/YYYY):** _____

• **Nationality/Country of Birth:** _____

• **Contact Information:**

○ Phone Number (include country code): _____

○ Email Address: _____

○ Mailing Address: _____

Professional Information

• **Current Position/Title:** _____

• **Country of Current Practice:** _____

• **Institution/Organization:** _____

• **Department's Name:** _____

• **Address of Institution/Organization:** _____



Educational Background

Some items in this section must be filled out based on the information you selected on the first page.

- **Medical School Attended:** _____

- **Year of Graduation (MM/DD/YYYY):** _____
- **Surgery Residency Completed:** YES ☐ NO ☐
 - a. If Yes, where: _____
- **Fellowship Training Completed:** YES ☐ NO ☐
 - a. If Yes, where: _____
- **Previous Surgical Robotic Training:** YES ☐ NO ☐
 - a. If Yes, where: _____
 - b. Number of robotic cases operated independently: _____
- **Previous Experience in Advanced Laparoscopy:** YES ☐ NO ☐
 - a. If Yes, where: _____
 - b. Number of laparoscopic cases operated independently: _____
- **Previous Experience in Advanced Endoscopy:** YES ☐ NO ☐
 - a. If Yes, where: _____
 - b. Number of endoscopic cases operated independently: _____
- **Current Board Certification (if applicable):** _____

Statement of Purpose

- Please provide a detailed statement of purpose outlining your goals, including how it will contribute to your professional development and future career goals. (200-400 words)

Additional Experience and Skills

- Briefly describe your past surgical training and experience if applicable, and skills and competencies (e.g., specific surgical skills, research experience, etc.)

- Languages Spoken

References

One reference can be a TROGSS senior leader or Executive Council member, but the other two must come from your program, such as the Chair of the Department of Surgery, previous Program Director at your training institution, or a colleague within your specialty.

- **Reference 1:**

- Name: _____
- Position: _____
- Institution/Organization: _____
- Phone Number: _____
- Email Address: _____

- **Reference 2:**

- Name: _____
- Position: _____
- Institution/Organization: _____
- Phone Number: _____
- Email Address: _____



Additional Information

- Are there any special accommodations or support you will require during the rotation?

- Have you previously applied for or participated in a TROGSS rotation program? If yes, please provide details

Additional Documentation Required

Please attach the following documents to your application:

- Curriculum Vitae (CV) / Resume
- Log/Registration book for the last year
- List of O.R.s for the last year
- Copy of Medical Degree
- Proof of Board Certification (if applicable)
- Letters of Recommendation

Consent and Signature

- I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false information may disqualify me from consideration.

Signature: _____.

Printed Name: _____.

Date (DD/MM/YYYY): _____.

Please send the complete form with supporting documents via email to trogssofficial@gmail.com