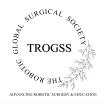


TROGSS - Fellowship & Training Committee

TROGSS Intercontinental Training Programs Application - For Aspiring Candidates

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ation you are applying for. raining or rotation. Programs may offer hands-on d model with simulation rotations, but not all visit trogss.org.
Rotation
Fellowship
Observership
Visiting Professor
ng for.
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)

ADVANCING ROBOTIC SURGERY & EDUCATION



Fonal 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: Corrent Position/Title: Country of Current Practice:	hort Answer):	on for Choosing this Rotation (S
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ADVANCING ROBOTIC SURGERY & EDUCATION

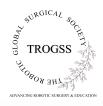


Educational Background

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

Year o	f Graduation (MM/DD/YYYY):
Surge	ry Residency Completed: YES NO
a.	If Yes, where:
Fellow	ship Training Completed: YES NO
a.	If Yes, where:
Previo	ous Surgical Robotic Training: YES NO
	If Yes, where:
b.	Number of robotic cases operated independently:
Previo	ous Experience in Advanced Laparoscopy: YES NO
	If You where:
	If Yes, where: Number of laparoscopic cases operated independently:
Previo	ous Experience in Advanced Endoscopy: YES NO
	If Yes, where:
b.	Number of endoscopic cases operated independently:
Currer	nt Board Certification (if applicable):
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nent o	f Purpose
	provide a detailed statement of purpose outlining your goals, including how it
COHUID	ute to your professional development and future career goals. (200-400 words
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ADVANCING ROBOTIC SURGERY & EDUCATION



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Additional E	Experience and Skills
Briefly	describe your past surgical training and experience if applicable, and skills a
- -	etencies (e.g., specific surgical skills, research experience, etc.)
) —	ages Spoken
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Additional Information

•	Are there any special accommodations or support you will require during the rotation?
	D(T)(A)
•	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