



TROGSS - Fellowship & Training Committee

TROGSS Intercontinental Training Program Application - For Program Directors

TROGSS Membership ID: _____

Please select the type(s) of program(s) you are offering and the type(s) of applicants your program is willing to accept. (More than one option can be selected.)

Fellowship training experience for graduated surgeons who wish to achieve formal certification in your area of expertise and specialty/specialties.

Observership experience for medical students, international medical graduates, and graduated surgeons.

Visiting Professor experience for leading surgeons from around the world who are not particularly interested in formal fellowship training but who need a different perspective to enrich their careers and to exchange ideas with you at the same level.

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

- ☐ Fellowship
- ☐ Observership
- ☐ Visiting Professor

Please select the type of Fellowship your program is offering. (Only fill out this section if you selected "Fellowship" in the previous item. More than one option can be selected.)

- ☐ Hands-on experience
- ☐ Hands-off experience
- ☐ Hybrid with simulation training

Hospital Information

- **Program Director's Name and Nominal Titles/Credentials (eg, FACS, FRCS, etc.):**

- **Institution/Organization Name - Department Name:**

- **Address:**

○ Street Address: _____



- City: _____.
- State/Province: _____.
- ZIP/Postal Code: _____.
- Country: _____.

- **Primary Contact Person:**

- Full Name: _____.
- Position/Title: _____.
- Phone Number: _____.
- Email Address: _____.

- **Secondary Contact Person (if applicable):**

- Full Name: _____.
- Position/Title: _____.
- Phone Number: _____.
- Email Address: _____.

Program Details

Please fill this section according to your selection in the first page.

For Robotic Surgical Programs

- **Robotic Surgery Program Overview:**

- Describe your program. (Include the specialties/types of Robotic surgeries)

- **Current Robotic Systems in Use:**

- List and describe the robotic systems currently used in your department (e.g., da Vinci, Hugo™, Mantra, etc.).

- **Robotic Surgery Program Accreditation:**

- Provide details on any relevant accreditations or certifications the program holds.

- **Number of Robotic Surgeries Performed Monthly/Annually:**

- Provide an estimated or exact number of robotic surgeries performed every month: _____.

- **Number of Robotic Surgeons and Staff:**



- Surgeons: _____.
- Technical Staff: _____.
- Support Staff: _____.

For Advanced Laparoscopic Surgical Programs

- **Advanced Laparoscopy Program Overview:**
 - Describe your program. (Include the specialties/types of Laparoscopic surgeries)

_____.
- **Current Advanced Laparoscopy Areas of Specialization Offered:**

_____.
- **Advanced Laparoscopy Program Accreditation:**
 - Provide details on any relevant accreditations or certifications the program holds.

_____.
- **Number of Advanced Laparoscopic Surgeries Performed Monthly/Annually:**
 - Provide an estimated or exact number of advanced laparoscopic surgeries performed every month: _____.
- **Number of Advanced Laparoscopic Surgeons and Staff:**
 - Surgeons: _____.
 - Technical Staff: _____.
 - Support Staff: _____.

For Advanced Endoscopic Surgical Programs

- **Advanced Endoscopy Program Overview:**
 - Describe your program. (Include the specialties/types of Endoscopic procedures)

_____.
- **Current Advanced Endoscopy Areas of Specialization Offered (eg, therapeutic endoscopy, stenting, dilations, endobariatrics, ERCP, etc.):**

_____.
- **Advanced Endoscopy Program Accreditation:**



- Provide details on any relevant accreditations or certifications the program holds.

- **Number of Advanced Endoscopy Performed Monthly/Annually:**

- Provide an estimated or exact number of advanced endoscopy performed every month: _____.

- **Number of Advanced Endoscopy Surgeons and Staff:**

- Surgeons: _____.
- Technical Staff: _____.
- Support Staff: _____.

Affiliation Goals and Benefits

- **Goals for Affiliation:**

- Outline the objectives and expected outcomes of establishing an affiliation with your institution.

- **Proposed Areas of Collaboration:**

- List potential areas for collaboration, such as joint research projects, training programs, or shared resources.

- **Mutual Benefits:**

- Describe how both your program and TROGSS will benefit from the affiliation.

Program Development and Implementation

- **Program Development and Support:**

- Provide details on how your program is supported and developed, including funding, resources, and administrative support.

- **Institutional Support for Collaboration:**

- Describe the level of institutional support available for implementing and maintaining the affiliation.



Program's Logistics and Benefits for Applicants:

- **Availability of meals for fellows, observers, and visiting professors:**

- **Availability of transportation for fellows, observers, and visiting professors:**

- **Availability of lodging/housing for fellows, observers, and visiting professors:**

- **Availability of immigration assistance for fellows, observers, and visiting professors:**

- **Availability of coordinator and/or secretary services for fellows, observers, and visiting professors:**

Additional Documentation Required

Please attach the following documents to your application:

- **Institutional Brochure or Overview:**
 - Provide a brief overview of your institution and its programs. (if applicable)
- **Robotic Surgery Program Documentation:**
 - Include detailed information on your robotic surgery program, including protocols, training materials, and any relevant research.



- **Accreditation and Certification Documents:**

- Provide copies of any relevant accreditations or certifications with your application.

Additional Information

- **Special Requests or Requirements:**

- List any specific needs or requests related to the proposed affiliation.

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 my institution from consideration.

Signature: _____.

Printed Name: _____.

Position/Title: _____.

Date (DD/MM/YYYY): _____.

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

ADVANCING ROBOTIC SURGERY & EDUCATION