

TROGSS - Fellowship & Training Committee

TROGSS Intercontinental Training Program Application - For Program Directors

TROGSS Membership ID:	
Please select the type(s) of program(s) your your program is willing to accept. (More than Fellowship training experience for graduated surgeo area of expertise and specialty/specialties. Observership experience for medical students, internativisiting Professor experience for leading surgeons interested in formal fellowship training but who need exchange ideas with you at the same level.	one option can be selected.) Ins who wish to achieve formal certification in your ational medical graduates, and graduated surgeons. In from around the world who are not particularly
Robotic Surgery Advanced Laparoscopy Advanced Endoscopy	Fellowship Observership Visiting Professor
Please select the type of Fellowship your section if you selected "Fellowship" in the previous	
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 - Depart	ment Name:
Address: Street Address:	



	o City:
	o State/Province:
	 ZIP/Postal Code: Country:
•	Primary Contact Person:
	Full Name:
	o Position/Title:
	Phone Number:
	o Email Address:
A	Secondary Contact Person (if applicable):
	o Full Name:
	o Position/Title:
	Phone Number:
	o Email Address:
_	m Details
Please	fill this section according to your selection in the first page.
	to the Completed December 1
FOI KOI	botic Surgical Programs
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•	Robotic Surgery Program Overview: o Describe your program. (Include the specialties/types of Robotic surgeries)
	Describe your program. (include the specialities/types of Robotic surgenes)
	Current Robotic Systems in Use:
	 List and describe the robotic systems currently used in your department (e.g., da
	Vinci, Hugo™, Mantra, etc.).
	initial, riago , manua, cita).
•	Robotic Surgery Program Accreditation:
	 Provide details on any relevant accreditations or certifications the program holds
•	Number of Robotic Surgeries Performed Monthly/Annually:
• 1	Number of Robotic Surgeries Performed Monthly/Annually: o Provide an estimated or exact number of robotic surgeries performed every
•	

Number of Robotic Surgeons and Staff:

A NOTICE DE ORIGINATION



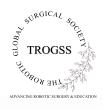
0	Technical Staff:
0	Support Staff:
vance	ed Laparoscopic Surgical Programs
	nced Laparoscopy Program Overview:
0	Describe your program. (Include the specialties/types of Laparoscopic surgeries
Curre	nt Advanced Laparoscopy Areas of Specialization Offered:
Adva	nced Laparoscopy Program Accreditation:
0	Provide details on any relevant accreditations or certifications the program holds
Numb	or of Advanced Langrageonic Surgaries Performed Monthly/Annually
	per of Advanced Laparoscopic Surgeries Performed Monthly/Annually:
Numk o	Provide an estimated or exact number of advanced laparoscopic surgeries
0	Provide an estimated or exact number of advanced laparoscopic surgeries
0	Provide an estimated or exact number of advanced laparoscopic surgeries performed every month: per of Advanced Laparoscopic Surgeons and Staff:
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O Numk	Provide an estimated or exact number of advanced laparoscopic surgeries performed every month: per of Advanced Laparoscopic Surgeons and Staff: Surgeons:
Numk	Provide an estimated or exact number of advanced laparoscopic surgeries performed every month: per of Advanced Laparoscopic Surgeons and Staff: Surgeons: Technical Staff: Support Staff:
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Numb o o vance	Provide an estimated or exact number of advanced laparoscopic surgeries performed every month: per of Advanced Laparoscopic Surgeons and Staff: Surgeons: Technical Staff: Support Staff: Support Staff: de Endoscopic Surgical Programs
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Numk o o vance	Provide an estimated or exact number of advanced laparoscopic surgeries performed every month: per of Advanced Laparoscopic Surgeons and Staff: Surgeons: Technical Staff: Support Staff: Support Staff: Describe your program Overview: Describe your program. (Include the specialties/types of Endoscopic procedures)
Numk o o vance Adva	Provide an estimated or exact number of advanced laparoscopic surgeries performed every month:
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Numk o o vance Adva	Provide an estimated or exact number of advanced laparoscopic surgeries performed every month:



	0	Provide details on any relevant accreditations or certifications the program holds
•	Numb	er of Advanced Endoscopy Performed Monthly/Annually:
	0	Provide an estimated or exact number of advanced endoscopy performed every
		month:
•	Numb	er of Advanced Endoscopy Surgeons and Staff:
	0	Surgeons:
	0	Technical Staff:
	0	Support Staff:
Affilia	tion G	ioals and Benefits
	Goals	for Affiliation:
	0	Outline the objectives and expected outcomes of establishing an affiliation with
		your institution.
•	Propo	esed Areas of Collaboration:
	0	List potential areas for collaboration, such as joint research projects, training
		programs, or shared resources.
•	Mutua	al Benefits:
	0	Describe how both your program and TROGSS will benefit from the affiliation.
Progra	am De	evelopment and Implementation
		1 7
•	_	am Development and Support:
	0	Provide details on how your program is supported and developed, including
		funding, resources, and administrative support.
		Ska a
		77/19 61

• Institutional Support for Collaboration:

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



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ım′s	Logistics and Benefits for Applicants:
Availa	ability of meals for fellows, observers, and visiting professors:
Availa	ability of transportation for fellows, observers, and visiting professors
Availa	ability of lodging/housing for fellows, observers, and visiting professo
	ability of immigration assistance for fellows, observers, and visiting ssors:
profe Availa	
profe Availa	ability of coordinator and/or secretary services for fellows, observers,
profe Availa	ability of coordinator and/or secretary services for fellows, observers,
Availa	ability of coordinator and/or secretary services for fellows, observers, ng professors:
Availa visitii	ability of coordinator and/or secretary services for fellows, observers,
Availavisitii onal	ability of coordinator and/or secretary services for fellows, observers, ng professors: Documentation Required In the following documents to your application:
Availa visitii	ability of coordinator and/or secretary services for fellows, observers, ng professors: Documentation Required
Availavisitii onal lattach	ability of coordinator and/or secretary services for fellows, observers, ng professors: Documentation Required In the following documents to your application: utional Brochure or Overview:

ADVANCING ROBOTIC SURGERY & EDUCATION



•	 Accreditation and Certification Documents: Provide copies of any relevant accreditations or certifications with your application.
Addit	tional Information
•	Special Requests or Requirements:
	List any specific needs or requests related to the proposed affiliation.
Cons	sent 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:
	Data (DD/MM/AVVVV)

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