

## 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 [www.trogss.org](http://www.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)
- Dr. Omar Rivera - InterHospital, (Guayaquil, Ecuador)

- Prof. Adolfo Pérez-Bonet - Mary Immaculate Hospital (Florencia, Colombia)
- Dr. Miljana Vladimirov - University Bielefeld-Campus Lippe (Detmold, Germany)
- Prof. Kefeng Ding - The Second Affiliated Hospital Zhejiang University (Hangzhou, China)
- Prof./Dr. Luis Suarez Carrion - Hospital of Specialties Centro Médico Nacional de Occidente, Guadalajara, Mexico.
- Prof./ Dr. Bhavneet Singh Bhalla - World Laparoscopy Hospital, DLF Phase II, Cybercity, Gurugram, India.



ADVANCING ROBOTIC SURGERY & EDUCATION

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

\_\_\_\_\_ to \_\_\_\_\_

**Reason for Choosing this Rotation (Short Answer):** \_\_\_\_\_

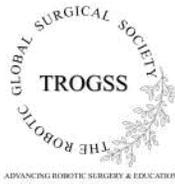
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 or 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 [itp.trogss@gmail.com](mailto:itp.trogss@gmail.com), [trogsofficial@gmail.com](mailto:trogsofficial@gmail.com), and [cmaciastrogss@gmail.com](mailto:cmaciastrogss@gmail.com).