

TROGSS Membership Form


ADVANCING ROBOTIC SURGERY & EDUCATION, FOR OUR PATIENTS,
BY OUR SURGEONS

Section 1 of 12


1. Personal Information

Full Name *

Country of Origin / Nationality *

Date of Birth *

Phone Number *

Email Address *

Social Media Handles

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2. Professional Information

Please select your current stage of professional training.

Stage of Training *

- Medical Student
- Intern
- Graduate
- Resident
- General Practitioner
- Specialist
- Sub-specialist
- Nurses
- OR/Surgical Technologists
- Nurse Anesthetists
- Physician Assistants
- Nurse Practitioners
- Other:

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3. General Practitioner, Specialist, Sub-Specialist

Specialty/Sub-specialty *

If a specialist, specify your specialty and sub-specialty (e.g., general surgery, colorect

Date of joining TROGSS *

mm/dd/yyyy



Educational Qualifications *

Titles, certifications, and affiliations with educational institutions

Affiliations *

Medical Practice Information *

Institutional affiliation, Clinic name and address

Years of medical practice *

ORCID Number

0000-1111-2222-3333

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4. Mentorship and Supervision

Are you interested in mentoring a student?

- Yes
- No

Are you willing to be a research supervisor?

- Yes
- No

Would your department be open to hosting IMGs or medical students aspiring to a career in surgery for clinical electives or observerships?

- Yes
 - No
-

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5. Professional Interests

Areas of Interest *

Special interests or focus areas within the medical field

Would you like to collaborate with other IMGs and residents with shared interests?

Yes

No

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6. Medical Student, Intern, Graduate

University Attended *

Please provide the name of the university where you completed or are completing y

Country of Origin of University Attended *

Select Country

Graduation Status *

- Graduated
- Not Graduated

Are you an International Medical Graduate (IMG) interested in surgery? *

- Yes
- No

Are you specifically interested in robotic surgery? *

If not, then which speciality are you interested in? Write it in 'Other'. Otherwise, select 'Yes'!

Yes

Other:

Skills and Expertise *

- Clinical Practice
- Research

- Teaching
- Surgery
- Patient Care
- Administration
- Global Health
- Public Health

Do you have any prior research experience? *

- Yes
- No

Research Skills *

What skills are you proficient in? (e.g., data analysis, literature review, systematic analysis, other)

Support Needs *

What support do you require from the society? (e.g., mentorship, research opportunities, networking)

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7. Allied Health Professionals

University Attended *

Please provide the name of the university where you completed or are completing y

Country of Origin of University Attended *

Select Country

Graduation Status *

- Graduated
- Not Graduated

Are you an International Medical Graduate (IMG) interested in surgery? *

- Yes
- No

Are you specifically interested in robotic surgery? *

If not, then which speciality are you interested in? Write it in 'Other'. Otherwise, select 'Yes'!

Yes

Other:

Skills and Expertise *

- Clinical Practice
- Research

- Teaching
- Surgery
- Patient Care
- Administration
- Global Health
- Public Health

Do you have any prior research experience? *

- Yes
- No

Research Skills *

What skills are you proficient in? (e.g., data analysis, literature review, systematic analysis, other)

Support Needs *

What support do you require from the society? (e.g., mentorship, research opportunities, networking)

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8. Allied Health Professionals Education

Proof of Enrollment *

Please upload your proof of enrollment from your university. You may upload a scanned copy of your university ID, enrollment certificate. (PDF only)

Choose File No file chosen

Proof of Graduation

Please upload your proof of graduation from your university. You may upload a scanned copy of graduation certificate/degree. (PDF only)

Choose File No file chosen

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9. Residents

Medical School Attended *

Year of Residency *

PGY 1

PGY 2

PGY 3

PGY 4

PGY 5

PGY 6

Other:

Is it a prelim or categorical position? (For PGY1 Residents only)

Prelim

Categorical

Which residency program did you match with after graduation? *

Are you an International Medical Graduate? *

Yes

No

What difficulties have you faced during your residency process?

Do you have a robotic surgery program in your hospital? *

Yes

No

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10. Society Involvement

Publication History

Please provide your Google Scholar profile link, if applicable

Committee Memberships

Any committee or group within the society of which you are a part

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11. Profile Photograph and CV Upload

Professional Photo *

Maximum file size: 10 MB. Accepted formats: JPG, JPEG, PNG.

Choose File No file chosen

CV/Resume

Maximum file size: 10 MB. Accepted formats: PDF.

Choose File No file chosen

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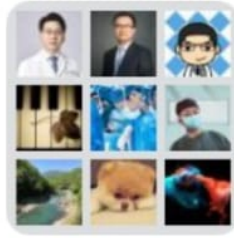
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12. Preferences and Comments

Preferences and Comments

Any preferences or comments regarding the society's activities or services

Kindly send your responses as an attachment to
trogssmembers@gmail.com



Gruppo: TROGSS CRC 🇨🇳



Valido fino al 6/1, l'aggiornamento verrà eseguito
all'unione a un gruppo