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## I. Program Goals

The purpose of the Observational Clinical Preceptorship program is to promote and expand educational opportunities related to the Mohs surgical technique, as practiced by skilled and experienced members of the ASMS. In addition to observing Mohs surgeries performed in real time, a number of frozen sections from preceptor's past cases will be available for review and discussion. Participants will be able to reinforce key concepts and techniques as demonstrated in the "Fundamentals of Mohs Surgery" course.

## II. Program Core

Participating physicians will observe the preceptor in all aspects of the Mohs procedure, including related laboratory processing, histopathologic interpretation, and closure techniques. Patient care and quality assurance considerations will be emphasized.

## III. Pre-Requisites

**Each participant must be:**

- A.** Board-certified or Board-eligible in dermatology, or other (International) specialty involved in dermatologic surgery and cutaneous oncology
- B.** A current ASMS member.
- C.** A prior participant in the ASMS "Fundamentals of Mohs Surgery" course.

## IV. Requirements for Completion

The participant must complete three weeks observational time within a two-year period. Ideally, participants will be able to schedule with three different preceptors for increased exposure to different Mohs efficiencies and valuable surgical pearls. A certificate of completion will be awarded.

## V. Faculty

Faculty will consist of current ASMS members with extensive experience in the performance of Mohs surgery.

## VI. Tuition

Tuition is \$1,500, payable to the American Society for Mohs Surgery. Proceeds from this program are used by the ASMS for the development and support of its overall educational program. Preceptors donate their time to provide this valuable educational service to other members of the Society.

## Application Form

Name \_\_\_\_\_  M.D.  D.O.  
Practice Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Please confirm that you have met the following program prerequisites:**

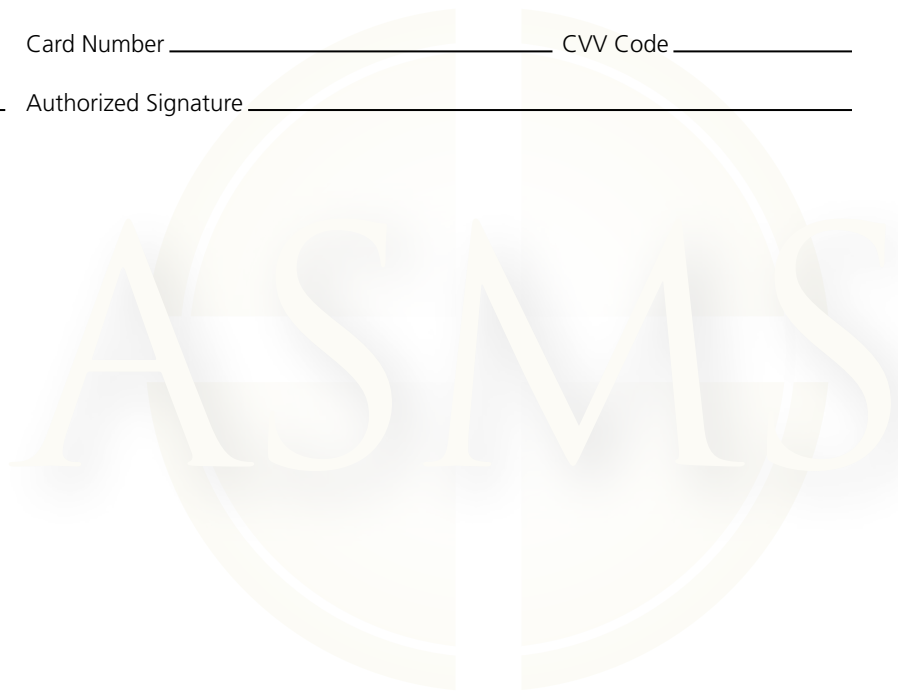
Dermatology Board-Certification or Eligibility  Yes  No  
Current ASMS Membership  Yes  No  
Prior Completion of ASMS "Fundamentals of Mohs Surgery" Course – Year Attended \_\_\_\_\_

**Program tuition is \$1,500.00, payable to the American Society for Mohs Surgery.  
Please enclose check or indicate credit card information below.**

Check # (Enclosed)  
 VISA  MasterCard  AMEX Card Number \_\_\_\_\_ CVV Code \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**▶ Return Completed Application to:**

American Society for Mohs Surgery  
6475 E. Pacific Coast Hwy, Private Mail Box 700  
Long Beach, CA 90803  
Phone: (800) 616-2767 or (714) 379-6262  
Fax: (714) 362-9540  
Email: BKimberlin@mohssurgery.org



## Preceptor List

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