

**SUBMIT ONE APPLICATION FOR THE ENTIRE PROGRAM.**



**APPLICATION for  
Fundamental Aesthetic  
Surgery Training Program  
(ISAPS F.A.S.T. Program)**

F.A.S.T. Program Approval is not approval to provide attendees with Continuing Medical Education (CME) credit. You must apply for accreditation to the appropriate organization in your country.

**This application can only be accepted for programs that meet the following criteria:**

1. **Application** to produce an ISAPS F.A.S.T. Program will be accepted from any Active ISAPS member. In addition, applications may be submitted by any ISAPS accredited institution, registered private clinic, registered private hospital, public hospital or university in the country, provided all legal requirements are met in accordance with local laws. The F.A.S.T. Program is restricted to plastic surgeons and not open to any other specialties.
2. ISAPS F.A.S.T. Program will be divided into **three Modules** and conducted over a one-year period (Jan-May-October) and logistical details must be submitted to the EC for approval with the same initial application form.
3. The **duration** of each module will be of 2-3 days depending on the content.
4. The **Scientific Program** of the Modules will be exclusively designed by the ISAPS EC and will be standardized for each module.
5. **Faculty selection** for ISAPS F.A.S.T. Programs is exclusively and carefully provided by the EC to meet high standards of training and teaching, including ISAPS members who are renowned professors with academic activity and dedication to the Aesthetic Plastic Surgery specialty.

**FEES AND REIMBURSEMENTS**

1. **ISAPS Fees** for the F.A.S.T. Program will be gradually discounted for every module, payable one month prior to each. (\$10,000 - \$8,000 - \$6,000 totaling \$24,000 for the complete F.A.S.T. series. Programs supported by ISAPS Global Alliance Member Societies will be eligible for a 10% discount on the above quoted fees.
2. **Registration fees** for participants are at the discretion of the local organizers. Industry can be invited to sponsor the program. Income generated from this program will be collected by the local organizing committee and distributed at their discretion.
3. The **faculty reimbursement policy** for ISAPS Professors is the responsibility of the local organizers. This requires that the organizers provide full travel expenses, in any class of service agreed upon between the EC and the local organizers, airport transfers, hotel accommodations and hospitality for the whole period of each module (and VPP if combined).

## CERTIFICATES AND BENEFITS OF THE PARTICIPANTS

1. On completion of the full program, the ISAPS Education Council will grant special **certificates** to the participants. Separate certificates will also be granted for each module, but ISAPS benefits (see # 3 below) to the participants apply only if the full program is attended and completed.
2. **CME accreditation** or equal national accreditation by an official medical body or society is obligatory for the F.A.S.T. Program and is the responsibility of the local organizers.
3. Participants who will complete the program will receive the following **benefits**:
  - a. 30% discount for first year of ISAPS membership if they are not yet ISAPS members.
  - b. Existing active ISAPS members - 20% dues discount for the year following the completion of the program.
  - c. One free copy of the ISAPS book on Aesthetic Surgery, when available.
  - d. 20% registration fee discount at the Biennial ISAPS Congress following the year of the program completion.
4. The ISAPS EC will provide any **ISAPS Global Alliance member society** that officially supports this program with special certificate of acknowledgement.

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**You must enclose all the following items with your application.**

- Letter or email confirming the agreement of the **National Plastic or Aesthetic Society** in your country, if applicable.
- Proposed special topics if not included in the standardized EC program** including 1-2 local faculty speakers. Specify that the program will be restricted only to plastic surgeons.
- List of **Organizing Committee** including at least one member of ISAPS.
- Copy of **publicity brochure in accordance with the EC ISAPS F.A.S.T. Guidelines** that includes attendance restriction statement. A draft is acceptable.

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**Program Title:**

**Meeting Venue (facility and city):**

**Date(s):**

**Total number of Attendees Expected:**

**Sponsoring Society:**

**ISAPS Member Completing Application:**

*Please continue to next page . . .*

**Program will be organized by:**

- Institution, Hospital, Clinic     Professional Congress Organizers  
 National Society Staff         Other:

**Name of PRIMARY Contact:**

**Department:**

**Affiliation/Company/Organization:**

**Street Address:**

**City:**

**State or Province:**

**Country:**

**Postal Code:**

**Telephone:**

**FAX:**

*Country Code/City Code/Local Number*

**E-mail:**

**Website where program will be promoted (essential to include in the eblast):**

**ISAPS F.A.S.T. Program Fee of US\$3,000 as a deposit for the first module should be payable to ISAPS and enclosed with the application. Each module is payable in full 1 months prior to the date of the event.**

**Checks or Bank Drafts** must be payable to ISAPS, must be from a **US bank**, and must be **sent to the Executive Office**. FOREIGN BANK CHECKS CANNOT BE ACCEPTED.

**Wire transfers** – please contact the Executive Office for wire instructions: [isaps@isaps.org](mailto:isaps@isaps.org)

**CREDIT CARD PAYMENT** (You may use a VISA, Master Card, or American Express credit card.)

**Credit Card No:**

**Expiration Date:**

**CVV (Security) Code Number:**

**Name as it Appears on the Credit Card:**

**Address where you receive your credit card bill: (required by our bank for verification)**

**Street:**

**City:**

**Country:**

**Postal Code:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICATIONS must be sent to:**

**Catherine B. FOSS**

Executive Director

ISAPS Executive Office

45 Lyme Road – Suite 304

Hanover, NH 03755 USA

Fax / 1-603-643-1444 Email / [isaps@isaps.org](mailto:isaps@isaps.org)

**Questions or appeals should be directed to the Chair of the Education Council:**

**Vakis Kontoes, MD**

[vakiskont@gmail.com](mailto:vakiskont@gmail.com)

**FOR OFFICE USE -**

The ISAPS Education Council  **APPROVES**  **DOES NOT APPROVE**

Comments:

*ISAPS - F.A.S.T.ProgramApplication-2018.doc*