



## **2021 APPLICATION for Fundamental Aesthetic Surgery Training Program (ISAPS F.A.S.T. Program)**

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

### **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.
2. Modules will be divided into **three sections** and conducted in one calendar year and full program 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 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 two months 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 are eligible for a 10% discount.
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 FOR 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 complete the program will receive the following **benefits**:
  - 30% dues discount for the first year of ISAPS membership if they are not yet ISAPS members.
  - Existing active ISAPS members are eligible for a 20% discount off their membership fee for the year following the completion of the program.
  - One free copy of the ISAPS book on Aesthetic Surgery, when available.
  - 20% discount on every category of registration fee for 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 a 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 members** 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.

**AT THE CONCLUSION OF THE PROGRAM** – a verified list of participants who completed all three Modules, including name, address and email, **MUST** be sent to the Executive Office **within one week**.

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**Program Title:**

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

**Date(s):**

**Total number of Attendees Expected:**

**Sponsoring Society:**

**ISAPS Member Completing Application:**

**National Secretary responsible for program oversight:**

**Intended Audience:**

\_\_\_\_\_ % Plastic Surgeons

\_\_\_\_\_ % Other Core Specialists (facial plastic surgeons, dermatologists, oculoplastic surgeons)

\_\_\_\_\_ % Nurses and other health care personnel – must attend with their surgeon employer

**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):**

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- **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.
  - **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 the Chair of the Education Council:**

**Ozan Sozer, MD**

ISAPS Executive Office

10 Benning Street – Suite 160 #264, West Lebanon, NH 03784 USA

Email / [Registrar@isaps.org](mailto:Registrar@isaps.org)

**Questions should be directed to Dr. Sozer at: [doctor@elpasoplasticsurgery.com](mailto:doctor@elpasoplasticsurgery.com)**

*ISAPS. EndorsedProgramApplication-2021.doc*