



Fellowship Listing Form

ISAPS encourages the exchange of information and learning in many ways: through our courses, symposia, the Biennial Congress, and the Visiting Professor program. We recognize that some members also provide informal and more intimate Fellowships in their practices and clinics.

If you provide a fellowship or are willing to accept ISAPS members and others in your practice for short periods of one-on-one training, please complete the information below and return it to the Executive Office.

If approved by the Fellowship Committee, we will post these learning opportunities on our website.

The structure of such a teaching program is entirely up to you. By submitting this information to ISAPS, you agree to the statement at the end of the form.

We thank you for your contribution to the continuing education of our members and young surgeons.

Return to residentsandfellows@isaps.org

Clinic/Hospital Name:

Contact Name:

Department:

Street:

City:

State/Province:

Postal Code:

Country:

Telephone:

Fax:

E-mail:

Description of Fellowship:

Program Director(s):

Duration (number of weeks/months):

Licensure Required:

Funding/Salary Provided:

Housing Provided:

ISAPS Members only? [] YES [] NO

Special Requirements:

The Fellowship and the Fellow hereby agree to jointly and severally release, defend and hold harmless the International Society of Aesthetic Plastic Surgery (ISAPS) from any claims, whether first party or third party claims, related in any fashion to the Fellowship or to the Fellow, including but not limited to claims related to hiring, employment, compensation, supervision and/or malpractice.