



ISAPSmentoring Program – Listing Form

If you provide a mentorship, please complete the information below. If approved by the Residents & Fellows Committee, we will post these mentoring opportunities on our website. The structure of the mentoring 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 young surgeons.

This form will expand as you type. Return to ResidentsandFellows@isaps.org

ISAPS mentor name:

ISAPS Membership number: *(must have been a member for minimum of 5 years)*

Year qualified as a board certified plastic surgeon:

Clinic Name:

Contact Name:

Street:

City:

State/Province:

Postal Code:

Country:

Telephone:

Fax:

E-mail:

Website:

CV: (include evidence of recent scientific talks and publications)

Short statement explaining why you wish to become and ISAPS Mentor:

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