



INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

Fellowship Training Program Onsite Co-Director Application Form

Date: _____

Name of Onsite Co-Director (applicant): _____

Name of Program Director: _____

Address of program: _____
(correspondence will be sent here)

Phone: _____ Fax: _____

E-mail: _____

Number of years practicing hair restoration surgery: _____

Year became a member of ISHRS: _____

Academic appointments: _____

Hospital Privileges: _____

Has any medical license been surrendered, suspended or revoked? ☐ Yes ☐ No

Has the applicant ever been disciplined by any state or local medical board? ☐ Yes ☐ No

Has the applicant ever been convicted of a felony? ☐ Yes ☐ No

Number of cases performed annually by the applicant: _____

The complete application should be submitted with the following documents:

Note: All documentation must be in English (or English translation included).

1. This completed and signed application form.
2. Copy of all current state medical licenses.
3. Copy of all specialty board certifications.
4. Copy of Basic Life Support (BLS) with External Defibrillator certification.
5. Copy of applicant's Curriculum Vitae (CV).

6. Non-Refundable application fee of \$750 USD must accompany application of Onsite Co-Director.

☐ Check enclosed, made payable to: *International Society of Hair Restoration Surgery*

☐ Visa ☐ MasterCard ☐ American Express

Card number: _____ Exp. Date: _____

Name on card (print): _____

Signature: _____

As an ISHRS Fellowship Training Program Co-Director, I acknowledge that the Program Director and I are solely responsible for each fellow's completion of training. I release the International Society of Hair Restoration Surgery (ISHRS), its officers, directors, members, staff, and agents from all responsibility relating to each fellow's training. I indemnify and hold ISHRS harmless for all damages resulting from the program in which I am the director/co-director.

I attest that I am a licensed physician in the state in which the program is located, of high ethical and moral character, and a member in good standing of the ISHRS who has practiced hair restoration surgery for more than ten (10) years.

In consideration of ISHRS processing my application as a Co-Director of a Fellowship Training Program, I hereby grant permission for the ISHRS to obtain information regarding hospital staff privileges and actions relating thereto, information from former medical society affiliations, specialty organizations, the American Medical Association, appropriate State medical societies, medical schools and other organizations providing medical training including internship and residencies.

I further authorize disclosure of information generally considered to be reliable which has a bearing on my professional competence, character and ethical qualifications to all hospitals and medical licensing and discipline boards who request such information.

I hereby release and hold harmless from any liability or loss, the ISHRS, its officers, agents, employees and members for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the ISHRS, to its authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for approval as an ISHRS Fellowship Training Program Co-Director.

I further release from liability the ISHRS, its officers, agents, employees and members for delivery of information to any third party as authorized herein provided such delivery occurs prior to the acknowledged receipt, in the office of the ISHRS, or a written notice of revocation of this release.

I HEREBY AFFIRM AND REPRESENT THAT ALL STATEMENTS, ANSWERS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature: _____ Date: _____

Print Name: _____

Submit complete application to:

International Society of Hair Restoration Surgery (ISHRS)
1932 S. Halsted Street
Suite 413
Chicago, IL 60608 USA
1-630-262-5399 – Telephone
1-630-262-1520 – Fax
1-800-444-2737 – U.S. Domestic Tollfree
info@ishrs.org – E-mail
www.ISHRS.org – Website