Administrative Office ISS/SIC

Seefeldstrasse 104

8008 Zurich,
Switzerland

E-Mail: fellow@iss-sic.com

Website: [www.iss-sic.com](http://www.iss-sic.com)

**Application for Fellowship in the ISS**

**Please read before completing the application**

Thank you for choosing to apply for the Fellowship of the International Society of Surgery (ISS/SIC). We are here to support you through the application process. If you need assistance with your application, please contact us at fellow@iss-sic.com.

Apply now and you will be considered for induction into the ISS/SIC as a Fellow. The completed application **must** be sent to the ISS/SIC Administrative Office at fellow@iss-sic.com **within the application deadline**. The application form and all correspondence must be in English.

**Requirements**

* Graduation from a medical school acceptable to the International Society of Surgery.
* Full membership of the ISS/SIC for at least five (5) years in good standing.
* Clinical practice of five (5) years **after** the completion and credentialing of all surgical/anesthetic training. (training appointments such as resident, registrar, fellow, etc., do not count as practice).
* A current appointment as a specialist on the surgical/anesthetic staff of your primary hospital, and a current clinical practice that establishes the applicant as a specialist in surgery/anesthesiology with no reportable actions pending that could adversely affect staff privileges.
* All applicants are expected to be clinicians who have primary independent responsibility for the treatment of patients in these disciplines.
* Certification by an appropriate national surgical/anesthetic board from the country where you are currently practicing.
* A full and unrestricted license to practice in your country.
* A Certificate of Standing from the Medical Board which registers you in your country (issued within three months of the date of receipt of the application).

Applicants are expected to have ethical fitness to practice, as well as professional proficiency. This determination is based upon information obtained from peers consulted as referees, and from other sources.

Applicants are also expected to have an interest in pursuing professional excellence both as an individual surgeon/anesthetist and a member of the surgical/anesthetic community. Such interest may be evidenced by membership in local, regional, and national societies; participation in teaching or mentoring programs; serving on hospital committees; continuing medical education through attendance at professional meetings, courses, and seminars. Surgeons/Anesthetists who fulfill all the requirements may apply for Fellowship.

**Application**

Please complete the following form and send this, including the attachments required to: [fellow@iss-sic.com](file:///C%3A/BW2/Documents/2cef7c75-04a1-43d5-a732-c8d40c853a62/denise%20eggler/Copy/3c244af3-5a90-45a4-9f46-7fc07be7da73/fellow%40iss-sic.com).

Lastname Klicken oder tippen Sie hier, um Text einzugeben.

Firstname Klicken oder tippen Sie hier, um Text einzugeben.

Email Klicken oder tippen Sie hier, um Text einzugeben.

Membership Number Klicken oder tippen Sie hier, um Text einzugeben.

City Klicken oder tippen Sie hier, um Text einzugeben.

Country Klicken oder tippen Sie hier, um Text einzugeben.

You will need two members (at least 10 years as a member) of the ISS/SIC to serve as referees who know you, and who can provide an evaluation based on their knowledge of your clinical practice. Ideally these referees will practice surgery/anesthesia in your country or specialty.

Referee 1

Lastname Klicken oder tippen Sie hier, um Text einzugeben.

Firstname Klicken oder tippen Sie hier, um Text einzugeben.

Email Klicken oder tippen Sie hier, um Text einzugeben.

City Klicken oder tippen Sie hier, um Text einzugeben.

Country Klicken oder tippen Sie hier, um Text einzugeben.

Referee 2

Lastname Klicken oder tippen Sie hier, um Text einzugeben.

Firstname Klicken oder tippen Sie hier, um Text einzugeben.

Email Klicken oder tippen Sie hier, um Text einzugeben.

City Klicken oder tippen Sie hier, um Text einzugeben.

Country Klicken oder tippen Sie hier, um Text einzugeben.

**Application Fee**

A USD 150.00 fee will be charged. The fee must accompany every application for Fellowship and is paid at the time the application is submitted. The fee covers a portion of the cost of reviewing and processing the application and is not refundable. No application will be processed without payment of the fee.
The fee needs to be paid via <https://www.iss-sic.com/membership> (Login and go to "MyMembership" – choose “Fellowship” and complete payment).

**Annual Dues**

Annual dues are the same as for membership of the ISS/SIC.

**Evaluation of Applicants for Fellowship**

The evaluation of an applicant for Fellowship is based on information relating to the applicant's clinical judgment and experience, professional competence, ethical conduct, and professional standing in the local community. This information is obtained from referees named by the applicant, the National Delegate of the country concerned, and others if required.

The International Society of Surgery ISS/SIC appraises information and recommendations from all sources relating to Fellowship applications. Upon review of all information received, the Executive Committee of the ISS/SIC will make the final decision regarding application approval. Successful applicants will be admitted into Fellowship during the Convocation at the International Surgical Week ISW of each alternate year.

No action is taken when an application is determined by the International Society of Surgery to be incomplete.

**Completing the application**

Send the following documents with this application form to [fellow@iss-sic.com](file:///C%3A/BW2/Documents/2cef7c75-04a1-43d5-a732-c8d40c853a62/denise%20eggler/Copy/3c244af3-5a90-45a4-9f46-7fc07be7da73/fellow%40iss-sic.com) (check boxes when completed).

[ ]  Completed application form (This document)

[ ]  Curriculum Vitae (CV) updated
*(document named as follows: LASTNAME FIRSTNAME CV)*

[ ]  Certificate of completion of surgical training
*(document named as follows: LASTNAME FIRSTNAME Surg Training)*

[ ]  Letter from your primary Institution confirming the nature and duration of your appointment
*(document named as follows: LASTNAME FIRSTNAME Primary Institution)*

[ ]  Letter from the appropriate examination/registration authority, confirming your specialist status.
*(document named as follows: LASTNAME FIRSTNAME Specialist)*

[ ]  Certificate of Standing (CoS) from your Registering Authority confirming current Medical Registration, Surgical/Anesthetic Board Certification in your country, and that there are no reportable actions pending, dated no older than 3 months at the time of submission.
*(document named as follows: LASTNAME FIRSTNAME CoS)*

[ ]  Copy of full and unrestricted license to practice in your country
*(document named as follows: LASTNAME FIRSTNAME license)*

[ ]  Letter of support from your ISS/SIC National Delegate/Representative <https://www.iss-sic.com/national-chapters-and-representatives> . If there is no National Delegate for your country, a letter of support of the Head of Department or Dean can be included.
*(document named as follows: LASTNAME FIRSTNAME National Chapter)*

[ ]  Two members (at least 10 years as member of the ISS/SIC), who serve as referees. <https://www.issmembership.org/App>

[ ]  Proof of payment of USD 150.00 application fee via <https://www.issmembership.org/App>

 (Login and go to MyMembership – choose “Fellowship” and complete payment)

These documents must either be submitted in English, or a certified translation must accompany each document. Applications must be received by the closing date to be considered at the next Executive Committee. See closing dates above.