



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:

Highest Standards, Better Outcomes

Instructions: Download form to your computer. For multiple choice questions, please click the box for your response. For text fields, click in the field, and then type your response.

Email each Report to intlapp@facs.org with the applicant's last name and initial as the file name. For example, "Abrams A – ACS Report Form"

EACH APPLICANT INTERVIEW REPORT MUST BE SAVED SEPARATELY.

International Applicant Interview Team Report

Applicant's Name: _____

Country: _____

1. Does the applicant practice within the scope of their designated specialty?

Yes No Comments: _____

2. Did the applicant respond satisfactorily to general questions regarding their clinical knowledge and experience?

Yes No Comments: _____

3. What is the professional standing of the applicant with his or her peers?

Excellent Good Satisfactory Marginal Unsatisfactory

If marginal or unsatisfactory, please explain: _____

4. From evaluation of the biographical summary and CV, or during the interview, were any deficiencies discovered regarding the applicant's surgical judgment and ability?

Yes No

If yes, please explain: _____

5. What is the ethical fitness of the applicant:

Excellent Good Satisfactory Marginal Unsatisfactory

If marginal or not satisfactory, please explain: _____

6. Has any disciplinary action been taken against the applicant at any time by a licensing authority, medical society, or hospital?

Yes No

If yes, can this be **documented**? (Please explain) _____

7. Does the applicant attend or participate in the following?

- Local or national meetings: Yes No

If yes, how often: Annually Infrequently Has never attended

- Teaching Programs: Yes No

Active Inactive by choice Willing, but never been asked

- Is the applicant aware that dues must be paid annually to maintain his/her Fellowship status?

Yes No If **no**, please inform the applicant he/she must pay dues each year or his/her membership in the College will be subject to termination and they will no longer be able to refer to themselves as a Fellow of the College or use the FACS designation.

8. Does the Applicant Interview Team recommend to the Division of Member Services any additional sources to contact for further information regarding this applicant's eligibility for Fellowship?

Yes No

If yes, please indicate which individuals, hospitals, or organizations to contact:

Full Name: _____ **Hospital/Organization:** _____

Contact information: _____

9. Does the Applicant Interview Team consider this applicant eligible for Fellowship?

Yes No Refer Decision to Board of Regents

If no, please provide **FACTS** and **SOURCES** supporting this decision and submit as a separate document attached to this report.

Interview Information

Date of Interview: _____

Method in which applicant was interviewed:

In Person Videoconference Telephone Other

Applicant was not interviewed: _____

Names of interviewers present during interview:

(at least two interviewers must interview each applicant)

Signature & role: _____

Signature & role: _____

Date: _____ Country: _____

Other Interviewers:

1. Name: _____

2. Name: _____

3. Name: _____

Please return your reports to the Credentials Section, Division of Member Services, at:

Email: **Intlapp@facs.org**

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