

Multidisciplinary Joint Committee of Sexual Medicine

Application for Development and Accreditation as Training Centre

Please read carefully the guidelines before completing this form.

Until June 01, 2015, MJCSM charges a reduced fee for the application procedure of € 450,00.

The site will be accredited after review by the exam committee and site visit by a representative of the MJCSM. The costs for the site visit will be charged to the applying center.

APPLYING CENTER

Name: _____

Address: _____

List of participating institutions (if any):

Do institutions have an affiliation with a medical school?

yes no

If yes, give name(s): _____

NOMINATED PROGRAM DIRECTOR

Family name: _____

First name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Medical specialty / Certification: _____

Date of issue: _____

FECSM fellowship year: _____

Participation in previous meetings of the ESSM/ISSM/ISWSH (please specify):

Meeting: _____

Year: _____

Meeting: _____

Year: _____

Meeting: _____

Year: _____

Membership in scientific societies:

Society: _____

Since: _____

Society: _____

Since: _____

Society: _____

Since: _____

Number of years spent teaching Sexual Medicine: _____

Letter of recommendation from ESSM/ISSM member (to be attached)

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Is the nominated program director also head of institute?

yes no

If no please add chair's name: _____

List of trainers and supervisors with their area of expertise, location and list of memberships in Sexual Medicine related societies:

Name	Expertise Area	Location	Membership	FECSM
				<input type="radio"/> yes <input type="radio"/> no
				<input type="radio"/> yes <input type="radio"/> no
				<input type="radio"/> yes <input type="radio"/> no
				<input type="radio"/> yes <input type="radio"/> no
				<input type="radio"/> yes <input type="radio"/> no
				<input type="radio"/> yes <input type="radio"/> no

SEXUAL MEDICINE SERVICE

Estimated number of patient treatments with sexual disorders per year, differentiated to gender and orientation:

Describe diagnostic and therapeutic facilities:

Describe educational resources (spaces, computer access, library, online journals):

Available administrative support:

Describe the academic environment (research lines and facilities, number of publications and opportunities for scientific meeting participation):

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Publication list of the last 5 years: *(to be attached)*

Describe sexual medicine teaching activities of the last 5 years:

Other accredited area of expertise:

Nominated director of program:

Date: _____ Name: _____ Signature: _____

Center partners *(if applicable)*:

Date: _____ Name: _____ Signature: _____

Chair(s) of department(s) *(if applicable)*:

Date: _____ Name: _____ Signature: _____

Please send the completed and signed application form with your attachments to
secretary.mjcsm@gmail.com