

Multidisciplinary Joint Committee of Sexual Medicine

Application for a Trainer

Nominated Trainer

Family name:

First name:

Title:

Job title:

Address:

Phone:

Fax:

Email:

Medical degree at:

University name:

Year:

Medical specialty / Certification:

Speciality:

Place:

Date:

FECSM fellowship year:

Participation in previous meetings of the ESSM/ISSM/ISWSH or other international sexual medicine and sexology meetings (please specify)

Meeting:

Year:

Meeting:

Year:

Meeting:

Year:

Meeting:

Year:

Meeting:

Year:

Membership in scientific societies

Society:

Since:

Society:

Since:

Society:

Since:

Number of years spent teaching Sexual Medicine:

Multidisciplinary Joint Committee of Sexual Medicine

Describe previous and current sexual medicine teaching activities:

Any training in a relevant [Training the Trainer](#) programme?

yes no

If yes, please specify when, where, which training and provider:

Other experience in medical education and teaching:

Institute	Area	Years
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Please give your own job description and clinical experience concerning sexual medicine and indicate the Sexual Medicine Domain:

Please describe the available time and process of supervision:

When signing this form, the trainer agrees to fulfill the MJCSM criteria of Assigned Educational Supervisor (AES).

Date:

Name:

Signature:

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