



2022 Application

ASMBS START Program

Surgical Technique and Advanced Robotics Training

Name of Applicant: _____

Suffix (MD, DO, etc.) _____

Address of Applicant: _____

Telephone: _____

Email: _____

Program Name: _____

Applicants Fellowship Academic year: _____

Fellowship Graduation Date: _____

Name of Institution: _____

Date of Last Bariatric Accreditation by Fellowship Council (FC): _____

Duration of Accreditation from FC: _____

Name of Program Director (PD): _____

PD Telephone: _____

PD Email: _____

Applicant Eligibility Requirements

To be eligible for this program, applicants must meet the following minimum requirements:

Is the applicant an ASMBS member?

(ASMBS membership is required to attend; we will also consider those who have submitted an application for ASMBS membership.)

- Yes
- No
- No, but I have submitted an application

Which fourth-generation da Vinci X/Xi System does the applicant have access to?

- Xi
- X
- Si
- Other: _____



How many bariatric robotic cases has the applicant performed at the console? _____

How many bariatric robotic cases has the applicant performed at the bedside? _____

Total surgeon mentor robotic volume in the last twelve (12) months: _____

Total bariatric surgery robotic cases by the hospital in last twelve (12) months: _____

Applicant Initials Required:

_____ Commitment from the Applicant to attend and participate in all virtual didactic sessions (one per month) and the didactic/graduation session at the ASMBS 2023 Annual Meeting (June 27-29, meeting attendance for the Fellow will be funded by ASMBS).

_____ If the applicant is selected, they agree to show completion of either the FRS Robotic Surgical Curriculum (Modules 1, 2, 4) or the Intuitive Robotic Curriculum for Xi.

PD Initials Required:

_____ Commitment from the Fellowship Program Director and the Applicant to attend and participate in all virtual didactic sessions (one per month) and the didactic/graduation session at the ASMBS 2023 Annual Meeting (June 27-29, meeting attendance for the Fellow will be funded by ASMBS).

_____ Commitment from the Fellowship Program Director or Lead Attending to mentor trainee throughout the program through attainment five (5) bariatric cases performed on da Vinci prior to the hands-on course, plus an additional 20 cases performed by the end of the fellowship year.

_____ Commitment from institutions to provide updates on cases performed using the da Vinci System prior to and following the fellowship program.

*Signature of the Applicant: _____ Date: _____

*Signature of the Program Director: _____ Date: _____

**Verifies that Fellow completed all necessary ASMBS START Program requirements.*



The following documentation must be submitted by September 30. Please submit the completed application form and all accompanying documentation electronically to bst@asmbs.org. ALL DOCUMENTATION MUST BE RECEIVED PRIOR TO REVIEW.

- Completed Application Form, signed by applicant and applicant's Program Director
- Applicant's Curriculum Vitae
- Attending Surgeon's Curriculum Vitae
- Letter of support from current program director and/or attending surgeon
- One to two-paragraph narrative to include:
 - (1) what they hope to accomplish during the program
 - (2) the relationship of the planned study to the applicant's prior work, preparation and professional goal

Please submit the completed application form and all accompanying documentation electronically to bst@asmbs.org. Applicants will receive an electronic confirmation within 48 hours of submission. If you do not receive this email confirmation, please call the ASMBS office: 352-331-4900 x121.