



Attestation of Micrographic Surgery & Dermatologic Oncology
Fellowship Training Completion

I, the Program Director, hereby attest that _____ has completed the
(Fellow-in-Training Full Name)

Micrographic Surgery & Dermatologic Oncology fellowship training requirements as outlined by the Accreditation Council for Graduate Medical Education.

I understand that any falsification to meet the fellowship training requirements may result in denial of ACMS membership for the above Fellow-in-Training.

NAME OF PROGRAM DIRECTOR:

PROGRAM DIRECTOR SIGNATURE:

DATE:

Please return this completed form to:
American College of Mohs Surgery
Attn: Membership
555 East Wells Street
Suite 1100
Milwaukee, WI 53202-3823
info@mohscollege.org