



## AFS Robotics Mentorship Program Application

Checklist: Please complete and email to [info@foregut.org](mailto:info@foregut.org)

Attached application (see next page)

AFS membership current

Attach resume/CV

Letter of support from hospital administration (or department chair)

Please write a short narrative on why you want to be part of the program

Letter of support from your Intuitive Clinical Service Representative



# AFS Robotics Mentorship Program Application

Name (Last, First, MI)

DOB

Address

Email

City, state, zip

Cell phone

Education

Medical School

Date of graduation

Residency program

Date of completion

Fellowship program

Date of completion

License

Medical License Number

State

Date expires

Board Certification

Certification Number

Date expires

NPI

Number of years in practice

Practice type

Peer reference name:

Length known

Email

Phone

Date attended Intuitive training

Number of laparoscopic cases in last year

Number of robotic cases in last year

Number of laparoscopic foregut cases in last year

Number of robotic foregut cases in last year

What is your access to the robot?

day(s)/

week or

month

Is your AFS membership current?