ASMH American Society for Mohs Histotechnology

Mohs Technician Training Program
Trainer Application

Name _____   ASMH Member ID _____

Contact information:

Home:	**Office:**
Address: _____	Institution Name: _____
_____	ACMS Surgeon's name:
City: _____	_____
State: _____ Postal Code: _____	Address: _____
Country: _____	_____
Phone: _____	City: _____
Email: _____	State: _____ Postal Code: _____
	Country: _____
	Phone: _____
	Fax: _____

Years with your current employer: _____ years

Years of experience as a Mohs Tech: _____ years

Have you ever trained other Mohs Techs? ____Yes ____ No If yes, how many? _____

This section to be completed by your ACMS Member Surgeon:

My 20% portion of the training fee should be transferred to my tech *(please see program procedures):*
       ☐ **Yes** ☐ **No**

Note: Mohs Techs who are applying to be a trainer must obtain permission from their Mohs surgeon prior to applying.
By signing below, I give my permission for the applicant to become a Trainer with ASMH's Mohs Technician Training Program:

ACMS Surgeon Signature_____**Date**_____

By signing this application, you hereby agree to the policies and procedures of the Mohs Technician Training Program program. ASMH reserves the right to suspend or revoke participation in this program at any time due to noncompliance with these guidelines. This application does not guarantee approval as a trainer.

Signature _____ **Date** _____

Please submit this form to:
ASMH
555 East Wells Street, Suite 1100
Milwaukee, WI 53202
Phone: (414) 918-9813
Fax: (414) 276-3349
Email: info@mohstech.org

Mohs Technician Training Program
Trainer Requirements and Procedures

1. All prospective trainers must complete the Trainer Application in order to become a Mohs Technician Trainer. All Trainers must have:
    - At least 3 years' experience as a Mohs tech
    - Previously trained Mohs techs
    - High quality slides
    - Approval from their surgeon

2. Upon preliminary approval of an application, applicants will be required to submit slides for a blind review. The ASMH office will contact the applicant with a designation of slides to be submitted. Slides should be sent to the ASMH office, where they will be scanned to a Web-based program for evaluation.

3. Names of approved trainers will be posted on the ASMH website.

4. When a training is requested, the selected trainer(s), or the trainer(s) closest to the geographic area of the trainee, will be contacted to check their availability.

5. If a trainer is available for training, the trainer will be provided with the contact information for the trainee. It is the trainer's responsibility to contact the trainee within two days after receiving this information to schedule training. A discussion of problem areas/issues and topics to be covered during training should be included. Training sessions are to be scheduled as a six-hour day, with either a one or two-day time frame. Upon scheduling, the trainer is to immediately notify the office of the training schedule.
    *Note that the **trainee's** facility is liable for all transportation and/or lodging costs associated with training.*

6. Prior to the training, the trainer will be emailed all required documents for the training, including training evaluations.

7. During the training, the trainer is expected to give attention to and spend time instructing the trainee.

8. Training evaluations are to be completed and returned to the ASMH office within one week of the completion of the training. Once the evaluations are received, payment will be processed.

9. Payment will be handled as follows:
    If training occurs at the trainee's office:
        20% of payment will go to ASMH
        80% of payment will go to the trainer
    If the training occurs at the trainer's office:
        20% of the payment will go to ASMH
        20% of the payment will go to the trainer's surgeon*
        60% of the payment will go to the trainer
    The trainer's surgeon will be given the option of transferring their portion of the training payment to their tech.

Additional Requirements
- All trainers will be required to have their slides reviewed every three years or on an as needed basis.
- Individuals who provide training outside of their work practice must sign a Conflict of Interest form stating they will not use their position as Mohs Technician trainers to solicit business for themselves personally.