



Mohs Technician Training Program Trainer Application

Name _____ ASMH Member ID _____

Contact information:

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

Note: Mohs Techs who are applying to be a trainer must obtain permission from their Mohs surgeon prior to applying.

This section to be completed by your ACMS Member Surgeon:

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 **be members of the ASMH and** 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:
When training occurs, 20% of payment will go to ASMH and 80% of payment will go to the trainer

Additional Requirements

- All trainers will be required to submit updated trainer renewal information annually, including approval from the trainer's Mohs surgeon.
- Individuals who provide training outside of their work practice must sign a Conflict of Interest form annually stating they will not use their position as Mohs Technician trainers to solicit business for themselves personally.