



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: _____

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

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. 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 by e-mailing to info@mohstech.org OR mail to
ASMH | 555 East Wells Street, Suite 1100 | Milwaukee, WI 53202

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 where the electronic slides can be uploaded.
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, unless a specific trainer is requested.
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 the 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: The trainee's facility is liable for all transportation, meals 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 the payment will go to the trainer.

Additional Requirements

- All trainers will be required to submit updated trainer renewal information annually, including approval from the trainers 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 a Mohs Technician trainer to solicit business for themselves personally.