***Please submit completed form to:***

***Merveille.desouza@siu-urology.org***

**General Information**

Please note that this application must be sent to SIU a minimum of 12 weeks prior to the event.

**Name of live surgery event:** Click here to enter text.

**Event date (dd/mm/yyyy):** Click here to enter a date.

Event Location: Click here to enter text.  
 STREET ADDRESS

Click here to enter text./ Click here to enter text. / Click here to enter text. / Click here to enter text.

CITY STATE COUNTRY POSTAL CODE

Local course director: Click here to enter text. Click here to enter text.

FIRST NAME LAST NAME

Click here to enter text. Click here to enter text.

TELEPHONE NUMBER E-MAIL ADDRESS

Name of physician requesting SIU endorsement: Click here to enter text.

E-mail address and website URL for event: Click here to enter text.

|  |
| --- |
| Is this an application for a live-streaming event?  Yes  No |
| Which level of endorsement are you requesting?  Level 1  Level 2  Level 3 |

**Educational Goals and Guidelines**

**This event will offer Continuing Medical Education (CME) credits**:  Yes  No

**If yes, name the CME-granting body:** Click here to enter text.

**List all members of the planning committee:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Medical Specialty | Affiliation | City and Country | E-Mail Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**List all operating surgeons:**

|  |  |  |
| --- | --- | --- |
| Name | Medical Specialty | Affiliation |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**List all planned procedures:**

Click here to enter text.

**Identify educational goals for the overall event:**

Click here to enter text.

**Identify educational goals for each procedure:**

Click here to enter text.

**On-site organization, staff and facilities**

I confirm that I have read the CODEX for SIU-endorsed live surgery events and agree to adhere to any guidelines and recommendations outlined in this document, including:

* Presentation of the case history and reason for surgical procedure will be stated to participants prior to the start of each surgery
* All operating surgeons will be sufficiently skilled and will have received an official invitation letter from the hospital to perform the above-mentioned procedures
* All operating surgeons will be asked to provide documentation regarding potential health risks (e.g. MRSA or Hepatitis B and C)
* An adequate informed consent process will be implemented
* The course director will be responsible for patient care prior to, during and before the procedure
* All costs associated with the event will be the responsibility of the course director and his/her organization

I hereby agree to uphold the guidelines listed above and in the SIU Live Surgery CODEX and adhere to the currently-established ethical standards in the country in which the event is being held.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date