



SIU Training Institute Application Form

Name of Institution:

Name of Director:

Full Mailing Address:

City: Prov./State: Postal Code:

Country:

Country code Area code Number Country code Area code Number Extension

Fax: Telephone:

E-mail Address:

Proposed SIU Training Institute

Director (Name, Credentials):	<input type="text"/>
Number of faculty available for SIU trainees:	<input type="text"/>
Preferred surgical teaching procedures:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Capacity for number of trainees at one time:	<input type="text"/>
Do you charge any cost to the residents:	<input type="text"/>
If so, how much and what do these fees go to: Cost	<input type="text"/> Purpose <input type="text"/>

Country Information

Official Language(s) of the Institute:	<input type="text"/>		
Other commonly used languages	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Urdu
	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Italian	<input type="checkbox"/> Hindi
	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	<input type="checkbox"/> Mandarin
	<input type="checkbox"/> French	<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese
	<input type="checkbox"/> Other	Please specify <input type="text"/>	
	Visa Information	<input type="checkbox"/> Visa required	Average time to obtain (months):
Visa Restrictions:	<input type="text"/>		

Hospital Data

<input type="checkbox"/> General Hospital	Hospital serves a population of: <input type="text"/>
<input type="checkbox"/> Teaching Hospital	
<input type="checkbox"/> University Hospital	75 % of population served lives within a radius of: <input type="text"/> Km.
Number of departments of hospital: <input type="text"/>	<input type="checkbox"/> Nephrology department
Number of doctors of hospital (total): <input type="text"/>	<input type="checkbox"/> Haemodialysis
Number of beds of hospital (total): <input type="text"/>	<input type="checkbox"/> Paediatric department
Number of in-patients / year: <input type="text"/>	<input type="checkbox"/> Robotic Surgery
Number of out-patients / year: <input type="text"/>	<input type="checkbox"/> Urodynamic Facilities
<input type="checkbox"/> Separate anaesthesiology department	<input type="checkbox"/> ESWL Station
<input type="checkbox"/> Intensive care unit	<input type="checkbox"/> Other Pertinent Facilities
<input type="checkbox"/> Radiology department	Please Specify <input type="text"/>
<input type="checkbox"/> CT <input type="checkbox"/> MRI	

Urology Data

<input type="checkbox"/> Urology Department	Specialization
<input type="checkbox"/> Urology Division	General Urology, cases/year: <input type="text"/>
Total number of doctors: <input type="text"/>	Paediatric Urology, cases/year: <input type="text"/>
Number of faculty members: <input type="text"/>	Urogynecology, cases/year: <input type="text"/>
Number residents: <input type="text"/>	Urogenital trauma, cases/year: <input type="text"/>
Number of beds: <input type="text"/>	Uro-oncology, cases/year: <input type="text"/>
Number of in-patients per year: <input type="text"/>	Infertility, Erectile dysfunction, cases/year: <input type="text"/>
Number of out-patients per year: <input type="text"/>	TUR-B / TUR-P, cases/year: <input type="text"/>
	URS / PNL, cases/year: <input type="text"/>
	Laparoscopic procedures, cases/year: <input type="text"/>
	Renal transplantation, cases/year: <input type="text"/>
	Reconstructive Urology, cases/year: <input type="text"/>

Medico-legal restrictions for trainees:

<input type="checkbox"/> Lab Work Only	<input type="checkbox"/> Observe Only	<input type="checkbox"/> Permission required to work
	<input type="checkbox"/> Assist in Surgery	<input type="checkbox"/> Liability Insurance required
	<input type="checkbox"/> Operate under Supervision	
<input type="checkbox"/> Restrictions regarding specific treatment modalities:	<input type="text"/>	
<input type="checkbox"/> Restrictions regarding groups of patients (e.g. children, females):	<input type="text"/>	

Facilities available for teaching

Number of urological surgical theatres: <input style="width: 50px;" type="text"/>	Number of urological endoscopy suites: <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Urological ultrasound	<input type="checkbox"/> Urological laboratory facilities
<input type="checkbox"/> Urological radiography	<input type="checkbox"/> Andrological laboratory facilities
<input type="checkbox"/> Urological fluoroscopy	<input type="checkbox"/> Urological literature / library
<input type="checkbox"/> Video-equipment for endoscopic teaching	<input type="checkbox"/> Internet access
<input type="checkbox"/> Lab simulation	

Accommodation / Transportation / Food / Miscellaneous

<input type="checkbox"/> Accommodation for trainees provided	OR cost per month (please specify US\$ or Euros):	<input style="width: 90%;" type="text"/>
Type of Accommodation Available	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Transportation (if necessary) provided	OR cost per month (please specify US\$ or Euros):	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> Meals Provided	OR cost per month (please specify US\$ or Euros):	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> Vaccination Required	Details	<input style="width: 100%;" type="text"/>
Banking Facilities	<input style="width: 100%;" type="text"/>	
Security Considerations	<input style="width: 100%;" type="text"/>	

Date (YYYY-MM-DD)

Name

Signature