



3975 Fair Ridge Drive, Suite 460 South, Fairfax, VA 22033
Phone: 703-691-2272 ♦ FAX: 703-537-0650
E-Mail: info@snisonline.org

FELLOWSHIP PROGRAM DIRECTOR REFERENCE FORM FOR *SENIOR* MEMBERSHIP APPLICANTS

_____ is applying for Senior membership status in the Society of NeuroInterventional Surgery and has listed you as a Neurointerventional Fellowship Program Director Reference.

Senior Members in the Society of NeuroInterventional Surgery are required to:

- Have one year subspecialty training in interventional neuroradiology, endovascular neurosurgery or interventional neurology under the direction of a SNIS Senior member;
- Be board certified or eligible by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons of Canada, or other Board or Tribunal which, in the judgment of the Executive Committee, is of equivalent rank;
- Have had direct involvement in a minimum of 100 neurointerventional procedures during their training; and
- Attest to spending a minimum of 50% of their professional practice in neurointerventional surgery.

Neurointerventional Fellowship Program Questionnaire

1. How long have you known the applicant?
2. During what time period was the applicant a neurointerventional fellow under your direction?
3. During that time period, approximately how many neurointerventional procedures were performed per year at the institution(s) where the applicant was training?

<50 50-100 100-150 150-200 >200 (Circle one)

4. During the applicants training period, approximately how many neurointerventional cases was he/she directly involved in?

<25 25-50 50-100 >100 (Circle one)

5. To the best of your knowledge, would you judge the applicants medical knowledge to be:

Excellent Above Average Average Below Average Poor (Circle one)

6. To the best of your knowledge, would you judge the applicants technical skills to be:

Excellent Above Average Average Below Average Poor (Circle one)

7. To the best of your knowledge, would you judge the applicants clinical judgment to be:

Excellent Above Average Average Below Average Poor (Circle one)

Do you feel that the applicant is ACCEPTABLE/ UNACCEPTABLE (Circle one) as a Senior Member of SNIS?

Comments:

Print Name

Signature

Date



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Comments:

Print Name

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