



**COSMETIC DERMATOLOGIC SURGERY FELLOWSHIP PROGRAM**

**ANNUAL ATTESTATION FORM**

I, \_\_\_\_\_ (print name), am the Program Director

at \_\_\_\_\_ (print program name) and

I attest that there have been: (Please check one.)

\_\_\_\_\_ no changes to the program in the last year that would impact my accreditation status.

\_\_\_\_\_ changes to the program in the last year, which are outlined below, that may impact my accreditation status:

*List any significant changes that may have affected your program and should be considered by the ASDS Accreditation Work Group (e.g. faculty or director additions/ changes, number of Fellow(s) changes, case load volume changes, location changes or additions of additional training sites). Attach all supporting documentation of the changes.*

*Please enclose your program cases performed last year to guarantee sufficient case loads to support your Fellow(s) in the upcoming year.*

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Sign

Date

*Please send the signed form and supporting documentation to [education@asds.net](mailto:education@asds.net) or*

*fax to 847-956-0999.*