



EDUCATIONAL EXCHANGE & MENTORSHIP
VISITING PROFESSOR

APPLICATION

Download form to your device, complete fields below and save again, then email as an attachment to tfarhan@asds.net.

INSTITUTION NAME _____

MAILING ADDRESS _____

CITY .. STATE .. ZIP _____

CHIEF RESIDENT (your) NAME _____

EMAIL _____ PHONE _____

PROGRAM DIRECTOR NAME _____

EMAIL _____ PHONE _____

SURGICAL DIRECTOR NAME _____

EMAIL _____ PHONE _____

VISITING PROFESSOR OPTION 1 (see list below) _____

TOPIC OF INTEREST FOR LECTURE _____

VISITING PROFESSOR OPTION 2 (see list below) _____

TOPIC OF INTEREST FOR LECTURE _____

PREFERRED DATES AND TIMES FOR VISIT _____

Has your organization hosted an ASDS Visiting Professor previously? Yes No

CURRENT VISITING PROFESSORS

R. ROX ANDERSON, MD
HAROLD J. BRODY, MD
MITCHEL P. GOLDMAN, MD
GEORGE J. HRUZA, MD, MBA
JEFFERY A. KLEIN, MD, MPH
NAOMI LAWRENCE, MD

STEPHEN H. MANDY, MD
MARGARET W. MANN, MD
GARY D. MONHEIT, MD
RONALD L. MOY, MD
ARISA E. ORTIZ, MD
THOMAS E. ROHRER, MD

E. VICTOR ROSS, MD
ADAM M. ROTUNDA, MD
HEMA SUNDARAM, MD
DANIEL I. WASSERMAN, MD
SUSAN H. WEINKLE, MD