

# INTERNATIONAL ASSOCIATION OF ENDOCRINE SURGEONS

## UPDATED INFORMATION ON FELLOWSHIPS

**Clinic or institution name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact person(s):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**FAX number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**I. Please describe the endocrine surgery experience at your institution by answering the following questions**

- A. Do you have a separate endocrine surgery service?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many beds? \_\_\_\_\_
- B. Approximate annual number of:
1. Thyroid operations: \_\_\_\_\_
  2. Parathyroid operations: \_\_\_\_\_
  3. Adrenal operations: \_\_\_\_\_
  4. Endocrine pancreas operations: \_\_\_\_\_
  5. GI endocrine operations (carcinoids): \_\_\_\_\_
  6. Other endocrine (non-pituitary) operations: \_\_\_\_\_
- C. How many endocrine surgeons do you have at your institution (e.g., members of IAES or other national endocrine surgical associations, senior, non-senior)?  
\_\_\_\_\_
- D. Is your department or institution conducting research in the field of endocrine surgery?  
Yes \_\_\_\_\_ No \_\_\_\_\_
1. Institution (e.g., hospital) Yes \_\_\_\_\_ No \_\_\_\_\_
  2. Department (e.g., surgery) Yes \_\_\_\_\_ No \_\_\_\_\_
  3. Other (e.g., university) Please specify: \_\_\_\_\_
- E. As a follow-up to question I.D. above, what type of endocrine research is conducted at your institution?  
Basic research \_\_\_\_\_ Clinical research \_\_\_\_\_ Clinical trials \_\_\_\_\_

**II. The following questions concern fellowship training positions**

- A. In addition to your regular trainees (e.g., residents, registrars, etc.), do you have fellowship positions in endocrine surgery?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please proceed to question III)
- B. If the answer to A is yes, how many positions? \_\_\_\_\_
- C. How long is/are the fellowship(s) (e.g., 3 mo., 6 mo., 1 year, 2 years, a combination of years, etc.)? \_\_\_\_\_
- D. What type of fellowship positions do you have?
- |                       |           |          |
|-----------------------|-----------|----------|
| 1. Basic research:    | Yes _____ | No _____ |
| 2. Clinical research: | Yes _____ | No _____ |
| 3. Clinical:          | Yes _____ | No _____ |
- E. How are your fellowships funded?
- |                                 |           |          |
|---------------------------------|-----------|----------|
| 1. Institutional support:       | Yes _____ | No _____ |
| 2. Training grants:             | Yes _____ | No _____ |
| 3. Government support:          | Yes _____ | No _____ |
| 4. Fellow provides own support: | Yes _____ | No _____ |
| 5. Other: _____                 | Yes _____ | No _____ |
- Please specify: \_\_\_\_\_
- F. Is partial support available?
- |  |                                       |          |
|--|---------------------------------------|----------|
| 1. Institutional housing:              | Yes _____                             | No _____ |
| 2. Noninstitutional housing:           | Yes _____                             | No _____ |
| 3. Partial funding: Yes _____ No _____ | (if yes, approx. US\$ per year _____) |          |
| 4. Other: Yes _____ No _____           | Please specify _____                  |          |

**III. If your institution currently does not have fellowship positions, are you planning on establishing any in the next two years? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please answer questions II.B-F in order to describe your proposed fellowship(s)).**

**IV. Please describe the experience necessary to apply for a current or future fellowship at your institution**

- |   |                               |          |
|---|-------------------------------|----------|
| A. Completion of full surgical training program:      | Yes _____                     | No _____ |
| B. Completion of part of a surgical training program: | Yes _____                     | No _____ |
| C. Faculty member of a medical school:                | Yes _____                     | No _____ |
| D. Previous research experience: Yes _____ No _____   | If yes, how many years? _____ |          |

**V. Additional comments, e.g. brief description of research areas, ex. thyroid, clinical, genetics ... etc. (attach additional sheet if necessary):**

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**Thank you for your cooperation!**

Please E-MAIL or FAX your response to: Prof Gerard Doherty, [gerardd@umich.edu](mailto:gerardd@umich.edu),  
FAX +1-+1-734-936-5830