

Entered: __/__/__ Initials: _____ Verified: __/__/__ Initials: _____
For office use only.

Surgeon's Experience Form – Version: 01/26/2005

Surgeon's Certification Number **CERT** Form Completion Date **TRNDT**
mm dd yyyy

A. Formal Training:

1. General surgery residency completion: 0. No 1. Yes →
RES (If yes) 1.1 Year of residency completion: **RESCOMP**

2. Board certified: 0. No 1. Yes →
BOARD (If yes) 2.1 Certification Date: **CERTMM/CERTDD/CERTYR**
(mm) (dd) (yyyy)

3. FACS: 0. No 1. Yes →
FACS (If yes) 3.1 FACS Date: **FACSM/FASSDD/FASCYY**
(mm) (dd) (yyyy)

4. Post residency training: 0. No 1. Yes
POSTRES

If yes,

4.1 Was the post residency training a fellowship? **FELLOW** 0. No 1. Yes

If yes,

4.1.1 Year of completion: **FELCOMP**

4.1.2 Duration of training: 0. 6-months 1. 1-year 2. Other (Specify: **FELYRS** yrs)
FELDUR

4.1.3 Training type: Bariatric **FELBARI** Laparoscopic **FELLAPA** Vascular **FELVASC**
(check all that apply) Critical Care **FELCRIT** Trauma **FELTRAU** Other **FELOTHR**
(Specify: _____ **FELSPEC** _____)

4.2 Other Training: Mini Fellowship **OTHRMINI** Other (Specify: **OTHRSPEC** _____)
(Check all that apply)

4.3 CME Courses: Bariatric **CMEBARI** Laparoscopic **CMELAPA**
(Check all that apply)

B. Surgeon Bariatric Experience:

1. Approximate bariatric case volume:

of surgeries completed
(check one for each type of surgery)

Type of Surgery:	0	<25	25-99	100-499	500-999	1000-1499	1500-1999	2000-2999	≥3000
	0	1	2	3	4	5	6	7	8
ORYGBP Open RYGBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVGS Open Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBPDDS Open BPD-DS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LRYGBP Lap RYGBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LVGS Lap Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LBPDDS Lap BPD-DS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOTHR Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Approximate bariatric case volume in the past 12 months: # _____ **BARIVOL**

3. Number of years (post residency) performing bariatric surgery: _____ (years) **POSTYRS**

4. Advanced laparoscopic experience (prior to the date when certified for LABS-1): 0. No 1. Yes **ADVLAPA**

If yes,

4.1 Approximate advanced laparoscopic cases:	# of surgeries completed
Lap nissen LAPN	_____
Lap gastric (not bariatric) LAPG	_____
Lap common bile duct LAPC	_____
Lap solid organ (spleen, adrenal, pancreas, liver) LAPS	_____
Lap inguinal hernia LAPI	_____
Lap ventral hernia LAPV	_____
4.2 Number of years (post-residency) performing advanced laparoscopic surgery: LAPYRS	_____ (years)

C. Surgeon Current Practice:

1. Practice type (choose one): **PRACTYPE**

0. Primarily Academic:
(>50% of effort)

→

1.1 Training residents/fellows	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes TRNFEL
1.2 Research	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes RESEARC

1. Primarily Private:
(>50% of effort)

→

1.3 Training residents/fellows	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes TRNFEL
1.4 Research	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes RESEARC

2. Percent of surgical practice:

PERCBARI	2.1 Bariatric:	<input type="checkbox"/> < 25%	<input type="checkbox"/> 25 to 49%	<input type="checkbox"/> 50 to 74%	<input type="checkbox"/> 75 to 100%	
		0	1	2	3	
PERCLAPA	2.2 Laparoscopic:	<input type="checkbox"/> 0%	<input type="checkbox"/> < 25%	<input type="checkbox"/> 25 to 49%	<input type="checkbox"/> 50 to 74%	<input type="checkbox"/> 75 to 100%
		0	1	2	3	4