



## Mohs Technician Training Program Trainer Application

Name: \_\_\_\_\_ ASMH Member ID: \_\_\_\_\_

**Contact information:**

**Home:**

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Office:**

Institution Name: \_\_\_\_\_

ACMS Surgeon's name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Years with your current employer: \_\_\_\_\_ years

Years of experience as a Mohs Tech: \_\_\_\_\_ years

Have you ever trained other Mohs Techs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many? \_\_\_\_\_

**This section to be completed by your ACMS Member Surgeon**

**By signing below, I give my permission for the applicant to become a Trainer with ASMH's Mohs Technician Training Program.**

**ACMS Surgeon Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*By signing this application, you hereby agree to the policies and procedures of the Mohs Technician Training Program. ASMH reserves the right to suspend or revoke participation in this program at any time due to noncompliance with these guidelines. This application does not guarantee approval as a trainer.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please submit this form by e-mailing to [info@mohstech.org](mailto:info@mohstech.org) OR mail to  
ASMH | 555 East Wells Street, Suite 1100 | Milwaukee, WI 53202



Please indicate your level of expertise in each of the following topics on a scale of 1-5, with 5 being the highest

Mohs mapping (dividing specimens, tissue orientation and inking, relaxation/scoring of tissue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Embedding techniques – heat extractor method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Embedding techniques – heat sink method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Embedding techniques – CryoEmbedder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Embedding techniques – glass slide technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Embedding techniques – embedding wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Use of liquid nitrogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Routine staining – fixatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Routine staining – H&E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Routine staining – T-Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Automatic strainers vs. manual staining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Coverslipping techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Irregular shaped specimens (ear wedges, cartilage, mucosa, adipose tissue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Preparing for a CLIA inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Cryosectioning (common cryostat adjustments, plane adjustments, brush vs. anti-roll plate, liquid nitrogen and cryospray, Mohs sectioning best practices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

Are you interested in being a trainer at a future group Mohs Technician Training? (previous trainings were held at Avantik in Pine Brook, NJ and Mercedes Scientific in Lakewood Ranch, FL) Yes  No

If you were asked to train at a group training because a training opportunity became available at the last minute, how much advance notice would you need? \_\_\_\_\_

Are you comfortable preparing and presenting a PowerPoint presentation? Yes  No

If you are given the opportunity to prepare and present a PowerPoint, please indicate which topics you are most comfortable presenting \_\_\_\_\_



## **Mohs Technician Training Program Trainer Requirements and Program Procedures**

1. When a training is requested, the selected trainer(s), or the trainer(s) closest to the geographic area of the trainee, will be contacted to check their availability.
2. If a trainer is available for training, the trainer will be provided with the contact information for the trainee. It is the trainer's responsibility to contact the trainee within two days after receiving this information to schedule training. A discussion of problem areas/issues and topics to be covered during training should be included. Training sessions are to be scheduled as a six-hour day with either a one or a two-day period. Upon scheduling, the trainer is to immediately notify the office of the training schedule.  
*Note that the **trainee's** facility is liable for all transportation and/or lodging costs associated with training.*
3. Prior to the training, the trainer will be emailed all required documents for the training, including training evaluations.
4. During the training, the trainer is expected to give attention to and spend time instructing the trainee.
5. Training evaluations are to be completed and returned to the ASMH office within one week of the completion of the training. Once the evaluations are received, payment will be processed.
6. Payment will be handled as follows: 20% of payment will go to ASMH and 80% of payment will go to the trainer.

### **Additional Requirements**

- All trainers will be required to update their contact information annually
- Approval from the trainer's Mohs surgeon will be required annually
- Individuals who provide training outside of their work practice must sign a Conflict of Interest form annually stating they will not use their position as Mohs Technician trainers to solicit business for themselves personally.

Please submit this form to:  
ASMH  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202  
Phone: (414) 918-9813  
Fax: (414) 276-3349  
Email: [info@mohstech.org](mailto:info@mohstech.org)