555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823
Phone: 414-918-9813 Fax: 414-276-3349 Email: info@mohstech.org

On-site Individualized Mohs Technician Training Application

- Submit enrollment form to ASMH Office with payment (see bottom of form)
- ASMH will contact potential trainers to verify availability
- Available trainer will be given your contact information to set up training schedule
- Trainer will contact the trainee to schedule training
- Training dates and times must be agreed upon by both trainee and trainer, and authorized by both employers
- Training will take place at trainee's office/facility over a two-day period of time
- Trainee's practice is responsible for trainer's travel & lodging costs incurred during training
- ***Please remember this training is designated to assist current Mohs Techs with improving their skills, and is not intended as training for new techs***

Training Information:

Proposed training dates:

First choice: _____

Second choice:_____

Proposed trainers *(in order of preference)*

_____

_____

Trainee Information:

Trainee Name	Email	# Years as a Mohs Tech	ASMH Member
_____		_____	☐ Yes ☐ No
_____		_____	☐ Yes ☐ No
_____		_____	☐ Yes ☐ No

Current issues/problem areas: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Office phone: _____ Office fax: _____ Email:_____

Surgeon is a member of the ACMS ☐ Yes ☐ No Mohs Surgeon: _____

Please contact the following individual to set up the training: _____

☐ **$1,000** – ASMH Member price (per trainee)
☐ **$1,250** – ASMH Non-Member price (per trainee and will include ASMH membership through the end of the current year for techs working for ACMS member surgeons)

A $50 discount per trainee will be applied to training sessions involving two or more trainees.
A $75 cancellation fee will be charged if training is scheduled and cancelled with less than two weeks notice.

☐ **Check or money order enclosed** *(please make checks payable to ASMH)*

☐ **MasterCard** ☐ **Visa** ☐ **American Express** ☐ **Discover**

Card number

Exp. Date (MMYY)

Name of Cardholder: _____