



IFSO APC Training Center Online Application Form

- Name of Hospital: _____
- Name of Surgeon (Head of Hospital/Clinic/Department):

- Names of other surgeons working at the same Hospital/Clinic/Department:

- Address:

- Contact Email: _____
- Contact Telephone: _____
- Lifetime Case Volume: _____
- Annual Case Volume: _____
- Bariatric Endoscopy Facilities Available: Yes/ No
- MDT Team available: Yes/ No
- Members of the MDT team (please mention details):

- Case distribution of Hospital/Clinic/Department (please indicate the number of annual procedures/type of operation):

Adjustable Gastric Banding:
Roux-en-Y Gastric Bypass:
Sleeve Gastrectomy:
Standard Biliopancreatic Diversion (Scopinaro):
Duodenal Switch:
One Anastomosis Gastric Bypass:
Gastric Plication:
Vertical Banded Gastroplasty:

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Endoluminal Procedures (pls indicate the number for each procedure):

Apollo Overstiches _____

Eclipse Allurion _____

Endobarrier _____

Heliosphere Bag _____

Orbera/BIB _____

Obalon _____

POSE _____

Spatz Adjustable Balloon System _____

Other surgical procedure not listed above (please specify):

- Number of Papers Published in Lifetime: _____ (please attach List)
- Number of Papers Published in the last 2 years: _____ (please attach List)
- Programmes Center is ready to offer: (please tick your choice(s))
 - Workshops
 - Clinical Immersion
 - Fellowships
- Standard Training Programme Curriculum to be submitted for review by committee (please attach the Curriculum of each type of program: Workshop, Clinical immersion, Fellowship)
- Preferable date for site visit after completion of online check:

Date

Signature
