



CLINICAL
ROBOTIC
SURGERY
ASSOCIATION

FELLOWSHIP/ TRAINING PROGRAM

Name

Title

Home Address

Work Address

Telephone number

Fax number

Email:

Medical Training School

Surgical Training Center

Laparoscopic Experience yrs/cases

Robotic Experience yrs/cases

Case observation

Primary field of interest

Detailed description of objective for the observation

Preferred center for observation

Interested in animal lab training

Expected duration for observation