

APPLICATION FORM (ACNS TC1)

FOR APPROVAL AS A TRAINING CENTRE OF THE
ASIAN CONGRESS OF NEUROLOGICAL SURGEONS (ACNS)

1.0 INSTITUTIONAL INFORMATION

Name of Hospital or Hospital Group:		
Name of Program Director:		
Name of Department:		
Address:		
Country :		
Phone:		Fax:
Email:		
TITLE OF TRAINING POST :		
DURATION :		
SPECIALTY :		
NATIONAL STATUS OF THE UNIT:		
Approved for Neurosurgical Training by the appropriate National Body:	Yes	No
University Hospital:		
University Affiliated:		
ASSOCIATED HOSPITALS/ CLINICS		
1.	Name of Hospital:	
	Name of Department/Rotation:	
	Address:	
	Phone:	Fax:
	Email:	
	University Hospital:	
	University Affiliated:	
	Approved for Gastroenterology Training by the appropriate National Body:	
2.	Name of Hospital:	
	Name of Department/Rotation:	
	Address:	
	Phone:	Fax:
	Email:	
	University Hospital:	
	University Affiliated:	

2.0 TRAINERS INFORMATION

SENIOR STAFF INVOLVED IN NEUROSURGICAL TRAINING:		
1.	Name	
	Qualification	
	Position	
	Years of experience	
2.	Name	
	Qualification	
	Position	
	Years of experience	
3.	Name	
	Qualification	
	Position	
	Years of experience	

3.0 TRAINING FACILITIES

3.1	WORKLOADS	NUMBER	
3.1.1	Average number of operation per year		
3.1.2	Average number of inpatient per year		
3.1.3	Average number of outpatient clinic attendance per year		
3.2	TRAINERS/ TRAINEES RATIO		
3.2.1	Number of Senior Neurosurgeons (more than 5 years experience)		
3.2.2	Number of Junior Neurosurgeons (less than 5 years experience)		
3.2.3	Number of trainees		
3.3	FACILITIES		
3.3.1	Number of Neurosurgical Bed		
3.3.2	Number of Neurosurgical Intensive Care Unit		
3.3.3	Number of High Dependency Bed		
3.3.4	Number of Neurosurgical Operation Theatre		
3.3.5	Number of Intensivist		
3.3.6	Number of Neuroanesthesiologist		
3.4	SUPPORT SERVICES	Yes	No
3.4.1	Availability of 24 Hours emergency service		

3.4.2	Outpatient Clinic		
3.4.3	Department of Neurology		
3.4.4	Department of Anesthesiology		
3.4.5	Department of Emergency Medicine & Traumatology		
3.4.6	Department of Physiotherapy		
3.4.7	Department of Rehabilitation		
3.4.8	Department of Pediatrics		
3.4.9	Department of Oncology and Radiation Therapy		
3.4.10	Department of Radiology		
3.4.11	Department of Pathology		

4.0 EDUCATIONAL ACTIVITIES

		Yes	No	Frequency / wk
4.1	Laboratory training			
4.2	Continuous Medical Education / Seminar			
4.3	Ward Round / Bed side teaching			
4.4	Hands On / Assisting in OR			
4.5	Observer Only			
4.6	Research Opportunity			
4.7	Library			

**** Kindly attach the proposed program for trainee**

5.0 OPERATIVE EQUIPMENTS / TECHNOLOGY

		Yes	No	Specify
5.1	Operating Microscope			
5.2	Cranial Endoscope			
5.3	Endonasal Skull Base			
5.4	Spinal Endoscopy			
5.5	Intraoperative Neurophysiological Monitoring			
5.6	Neuronavigation			
5.6	Intraoperative Imaging (USG / CT / MRI)			
5.7	Ultrasonic Aspirator			
5.8	High Speed Drills			
5.9	Microneurosurgical Instruments			
5.10	Craniotomy Sets			
5.11	Spinal Surgery Sets			
5.12	RF ablation			
5.13	Stereotactic Frame			
5.14	Robotic			

5.15	Hybrid OR			
5.16	Bone Scalpel			
5.17	Laser Diado			

6.0 LOGISTIC SUPPORT & INCENTIVES

		Yes	No	Specify
6.1	Accommodation			
6.2	Local transport			
6.3	Travelling scholarship (flight)			
6.4	Support to attend conference			
6.5	Stipendium / scholarship			

7.0 INSTITUTIONAL REQUIREMENT

		Yes	No	Specify
7.1	Certificate of practice by local authority is required			
7.2	Professional Indemnity Insurance			
7.3	Privileging / Credentialing			
7.4	Attachment fees , if any			

8.0 ADDITIONAL NOTES

Information regarding existing or new fellowship program at your institution:

8.1	Name of the fellowship program	
8.2	Duration (months)	
8.3	Subspecialty offered	
8.4	Time in a year for acceptance	
8.5	Number of places per year	
8.6	Requirements from the candidate	
8.7	Any stipend provided	
8.8	Any accommodation provided	
8.9	Additional information	
8.10	Contact person and email	