SNIS Society of NeuroInterventional Surgery

# Fellowship Program Director Reference Form for Senior Membership Applicants

_____ is applying for Senior membership status in the Society of NeuroInterventional Surgery and has listed you as a Neurointerventional Fellowship Program Director Reference.

**Senior Members in the Society of NeuroInterventional Surgery are required to:**

- Have one year subspecialty training in interventional neuroradiology, endovascular neurosurgery or interventional neurology;
- Be board certified or eligible by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons of Canada, or other Board or Tribunal which, in the judgement of the Executive Committee, is of equivalent rank;
- Have had direct involvement in a minimum of 100 neurointerventional procedures during their training.

## Neurointerventional Fellowship Program Questionnaire

1. How long have you known the applicant? _____
2. During what time period was the applicant a neurointerventional fellow under your direction? _____
   _____
3. During that time period, approximately how many neurointerventional procedures were performed per year at the institution(s) where the applicant was training?
   ☐ <50 ☐ 50-100 ☐ 100-150 ☐ 150-200 ☐ >200
4. During the applicants training period, approximately how many neurointerventional cases was he/she directly involved in?
   ☐ <25 ☐ 25-50 ☐ 50-100 ☐ >100
5. To the best of your knowledge, would you judge the applicants medical knowledge to be:
   ☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor
6. To the best of your knowledge, would you judge the applicants technical skills to be:
   ☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor
7. To the best of your knowledge, would you judge the applicants clinical judgment to be:
   ☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

Do you feel that the applicant is ☐ **ACCEPTABLE** ☐ **UNACCEPTABLE** as a Senior Member of SNIS?

Comments: _____

_____

_____

_____

_____
Print Name

_____
Signature Date