



Application Form for APAGE Accreditation of Minimally Invasive Centre

Facility Details

Name of Hospital Facility: _____

Country: _____

Address: _____

City State ZIP Code

Website: _____

Current Head of Minimally Invasive Centre: _____

Date of Establishment: _____

Has your hospital/centre achieved accreditation with other societies?

Yes No

If Yes, which accreditation body? _____

Contact Person

Name: _____

Job Title: _____

Telephone Number: () _____ Fax Number: () _____

Email Address: _____



Facility Information

The following information is necessary:

Number of Laparoscopic Gynaecology Cases per annum:
(min. 100 cases) _____

Number of Hysteroscopic Gynaecology Cases per annum:
(min. 20 cases) _____

Number of Vaginal Procedures per Annum
(min. 20 cases): _____

Number of MIS Operating Theatres: _____

Is the Head of Minimally Invasive Centre accredited in Laparoscopic Surgery?

- Yes No

If "Yes", which accreditation body? _____

Has the Head of Minimally Invasive Centre applied to be a Fellow of APAGE? (*This is mandatory.*)

- Yes No

Declaration

I hereby certify that the information given above is true to the best of my knowledge.

Head Of MIS Centre:

SIGNATURE

HOSPITAL SEAL

DATE (DD/MM/YY)

Note: Applications should be completed and submitted online or sent to the APAGE secretariat at mit.apage@gmail.com. Application may take up to 4 weeks to process. Once the application is accepted, payment will be required. Applicants are encouraged to ensure that the necessary criteria is met for accreditation. Guidelines can be found on the APAGE website.