



General Information	
Full Name:	
Email:	
Mobile Phone:	
Country of Residence:	
Employing Institution:	
Position(s) Held:	
Degrees Held:	
Surgical Training Completed:	
Training for Hydrocephalus and Spina Bifida Treatment:	

Institution Information						
	<i>Tick all that apply</i>					
Type of Institution:	<input type="checkbox"/>	<i>Public / Government</i>	<input type="checkbox"/>	<i>Private</i>	<input type="checkbox"/>	<i>Not-for-Profit</i>
Is there a neurosurgical residency program?	<input type="checkbox"/>	<i>Yes</i>	<input type="checkbox"/>	<i>No</i>	<input type="checkbox"/>	<i>Planned</i>
Are you the primary or only surgeon treating children with H / SB?	<input type="checkbox"/>	<i>Primary</i>	<input type="checkbox"/>	<i>Only</i>	<input type="checkbox"/>	<i>Neither</i>
	If neither, list the other names and their surgical training:					
On average, how many new cases are there per month?	Hydrocephalus Surgeries:	#				
	MMs Surgeries:	#				
How many of these surgeries do you perform?	Hydrocephalus Surgeries:	#				
	MMs Surgeries:	#				
Do you have a surgical log?	<input type="checkbox"/>	<i>Yes</i>	<input type="checkbox"/>	<i>No</i>		
Have you ever treated hydrocephalus endoscopically?	<input type="checkbox"/>	<i>Yes – Flexible Scope</i>	<input type="checkbox"/>	<i>Yes – Rigid Scope</i>	<input type="checkbox"/>	<i>No</i>
Do you perform surgeries at any other site?	<input type="checkbox"/>	<i>Yes</i>	<input type="checkbox"/>	<i>No</i>		
Does your institution use a database to collect patient information?	<input type="checkbox"/>	<i>Yes</i>	<input type="checkbox"/>	<i>No</i>		
Who enters the data on patients with H / SB?						

Other Information	
What dates are you available to attend training?	
List languages spoken:	
Describe your proficiency in speaking and writing English	
Attach the following:	Please submit this form with a copy of your CV and a brief statement that describes your interest in this program. Email to charles.howard@cure.org

Please return completed document to Charles Howard at charles.howard@cure.org