



Self-Certification (Grandfathering) Form

Name:

Institution:

Country:

E-mail:

The robotic platforms I use are:

I wish to register with SERGS as a certified robotic gynaecological surgeon. I have read and agree with the rules of certification which may change from time to time. I intend to abide by existing and future regulations. I accept that any decision made by council of SERGS regarding my registration is final and that SERGS council may remove my registration without explanation at any time.

I understand that this is a registration process and not an endorsement of competency. I will not use this certificate as evidence of competency in robotic gynaecological surgery but may use it as evidence of compliance with the SERGS governance process.

Signed:..... Date:/...../.....

I declare that;

- 1 - In the past I have undertaken basic e-learning in robotic training -(initial)
- 2 – In the past I have had in-vitro dry lab or virtual reality training -(initial)
- 3 – In the past I have been proctored -(initial)
- 4 - I have been involved in a minimum of 50 cases -(initial)
- 5 - I have attended at least one robotic conference in the last 3 years -(initial)
- 6 - Agree to the tri-annual submission of basic audit data -(initial)

Signed:..... Date:/...../.....

CONSENT FOR INCLUSION ON THE SERGS WEBSITE

I consent for my name to be included on the SERGS website as a certified robotic gynaecological surgeon;

PEER SUPPORT

I (write name of sponsor) from (write institution and country of sponsor) support (write name of applicant) in their application to be “grandfathered” as a SERGS certified gynaecological robotic surgeon.

Signed:..... Date:/...../.....