



FELLOWSHIP APPLICATION

Name _____
Last First Middle

Permanent Address (Office) _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ FAX _____ E-mail _____

Please note that the above fields are all REQUIRED on your application

Date Of Birth _____ Place _____ Age _____ Sex _____

Indicate the percentage of your practice dedicated to pediatric urology _____%

Are you currently an active SPU member?

___ Yes, I am currently an active SPU member

___ No, I am not an active SPU member but have submitted my membership application concurrent with my Fellowship application

Fellowship applications must be accompanied by three letters of support. One should be from an ACTIVE or SENIOR SPU member and the other two should be from practicing urologists who may or may not be SPU members. Please identify the individuals who will be providing these support letters:

SPU Member _____

Urologist _____

Urologist _____

CME Credit hours for the past twelve (12) months _____ (please provide support)

Year(s) taken Pediatric In-Service Exam _____

Applicant Signature

Date

*Please return your completed application to the Membership Chair, SPU
900 Cummings Center, Suite 221-U, Beverly, MA 01915*



MEMBERSHIP APPLICATION - OPERATIVE CASE LOG

(Applicants for Active Membership and/or Fellowship Status must complete this form)

Name _____

Please check one: ___ Current Active Member ___ Submitting Membership Application

Total number of cases (Adult & Pediatric) _____

Period ____/____/____ to ____/____/____

Number of Pediatric Cases _____

SUMMARY OF PEDIATRIC CASES

Cystoscopy (includes retrogrades, urethral dilation, etc)

Ureteroscopy _____

Endoscopic calculus extraction _____

ESWL _____

Transurethral incision of ureterocele _____

Transurethral ablation of posterior urethral valves _____

Circumcision, minor penile procedures _____

Meatotomy, meatoplasty _____

Orchiopexy _____

Hydrocele/hernia repair _____

Minor scrotal procedures (torsion, scrotal orchiopexy, orchiectomy) _____

Varicocelectomy_____

Pyeloplasty_____

Nephrectomy_____

Partial
nephrectomy_____

Pyelolithotomy/Nephrolithotomy_____

Renal
biopsy_____

OPERATIVE CASE LOG—PAGE 2

Renal
transplant_____

Ureteral
reimplantation_____

Ureteroureterostomy, ureteropyelostomy,
TUU_____

Ureteral
tapering_____

Cutaneous ureterostomy, cutaneous
pyelostomy_____

Closure of bladder
exstrophy_____

Partial/Simple
cystectomy_____

Radical
cystectomy_____

**Augmentation
cystoplasty_____**

Cutaneous vesicostomy (bowel or
ureter)_____

Open cystostomy, cystolithotomy, repair bladder
trauma_____

Bladder neck reconstruction (Young Dees, Kropp,
etc)_____

Bladder neck suspension (MMK, Raz, sling)_____

Conduit (ileal, colon)_____

Continent urinary diversion_____

Correction of chordee without hypospadias_____

Correction of hidden penis, webbed penis, penile torsion_____

Distal hypospadias repair (MAGPI)_____

Proximal hypospadias repair (subcoronal, midpenile, penoscrotal)_____

Staged hypospadias repair_____

Free graft (buccal/bladder mucosal) hypospadias repair_____

Repair of urethrocutaneous fistula

Repair of urethral stricture_____

Epispadias repair_____

Laparoscopy, diagnostic_____

Laparoscopy, therapeutic (list)_____
