

**Society for Laparoscopic & Robotic Surgeons**  
**Fellowship in Specialized Minimally Invasive and Robotic Surgery (SMIRS)**  
**Preceptor an Institution Agreement**

**Name of institution:**

**Institution's address:**

**Type of subspecialty training offered:**

**Average number of procedures per year:**

**Number of days in the OR per week:**

**Number of fellows the program can accommodate:**

**Electronic signature of preceptor:**

**Preceptor's full name and title:**

**Preceptor's email address:**

**Today's Date:**

**Electronic signature of institution representative:**

**Institution representative's full name and title:**

**Institution representative's email address:**

**Today's Date:**

Please submit form via email to [Info@SLS.org](mailto:Info@SLS.org) or fax to (305) 667-4123 for application review. If the program is accepted into the SLS minimally invasive surgery subspecialty-training program, there will be a one-time \$1500 application fee will be assessed. Approved Fellowship sites will pay \$3,000 for SLS administration of the clearinghouse functions, which will be billed to the program annually and prior to renewal each year. SLS SMIRS Fellowship Program information and contracts will be mailed to the institution/site/preceptor for review and signature thereafter.