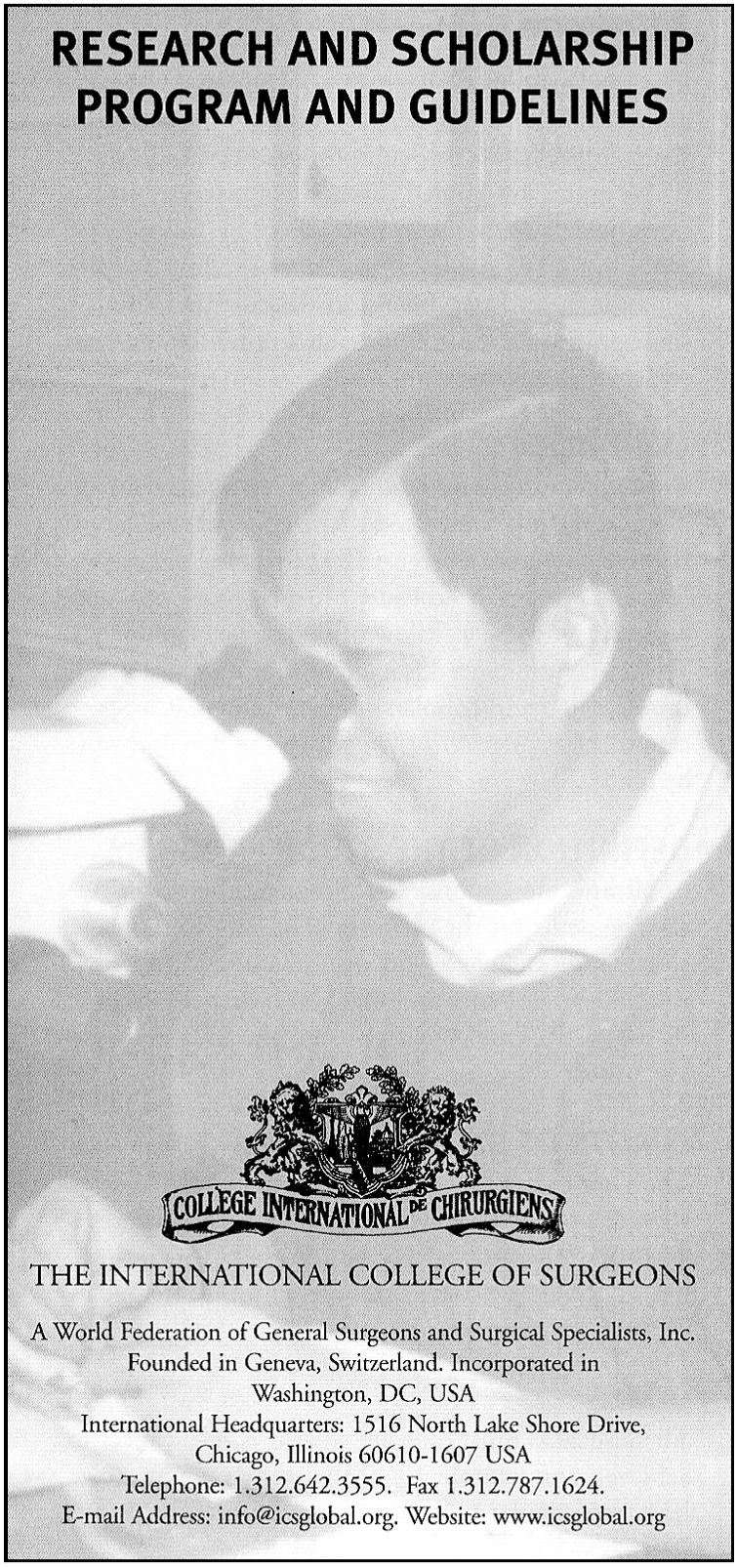
THE INTERNATIONAL
COLLEGE OF SURGEONS
International Headquarters:
1516 North Lake Shore Drive,
Chicago, Illinois 60610-1607 USA
Telephone: 1.312.642.3555.
Fax 1.312.787.1624.
E-mail Address: info@icsglobal.org.
Website: www.icsglobal.org



PROGRAM

The International College of Surgeons (ICS), makes grants available to applicants who wish to enhance their surgical skills through post graduate training. These grants are funded through voluntary contributions, which are made to the College by Fellows and other interested parties. No formal application form is required, however, the information requested in these guidelines must be provided in full before your request can be considered.

ELIGIBILITY

Applicants must have graduated from an accredited medical school, completed their residency and be licensed to practice surgery in their home country (documentation of licensure must be provided). You do not have to be a Fellow of ICS to be eligible. While economic need is a factor that is considered by the Research and Scholarship Committee, it is by no means the only criterion on which the decision will be made.

DEFINITION OF THE STUDY PROGRAM

Applicants are responsible for making their own arrangements for the program of study. You must clearly indicate where you wish to study, with who you will be studying and that you have been accepted by the institution and surgeon for the course of study as defined.

LENGTH OF STUDY PROGRAM

The Committee will consider the amount of time allocated to the program, as an indication of the validity of the proposed course of study. Such time frames should be commensurate with expected goals of the study program.

GOALS

All applicants must indicate what it is they expect to achieve upon completion of the study program (e.g. learn a particular procedure, etc.)

ENDORSEMENTS

If you are practicing in a country that has a chartered ICS National Section, the ICS/HQ office will seek he endorsement of that Section before proceeding with the review of your application.

CURRICULUM VITAE

All grant requests must be accompanied by a current CV, which includes such information as: education, post graduate training, current hospital affiliations, surgical specialty, other research activity, publications and presentations, etc.

PAYMENTS OF GRANTS AWARDS

Grant payments are made by check which is made payable to the applicant. The check is forwarded to the study program Director.

RESPONSIBILITIES OF GRANT RECIPIENTS

It is expected that grant recipients will conduct themselves with the highest degree of professionalism during their program of study. Additionally, it is expected that grant recipients will provide the HQ office with a written summary of their course of study upon its completion. It is highly encouraged that grant recipients consider becoming a Fellow of the College.

DISCLAIMER

ICS is not responsible for any actions of any grant recipient

Submit all grant requests to:
Chairperson, Research and Scholarship Committee
C/O International Executive Director
International College of Surgeons
1516 North Lake Shore Drive
Chicago IL 60610 USA

INTERNATIONAL COLLEGE OF SURGEONS

RESEARCH & SCHOLARSHIP PROGRAM GUIDELINES

THE PROGRAM

The International College of Surgeons (ICS), in order to further its mission to raise the global standards of surgical excellence, makes grants to applicants who wish to enhance their surgical skills through post-graduate training. These grants are funded through voluntary contributions which are made to the College by Fellows and other interested parties. No formal application form is required, however, the information requested in these guidelines MUST be provided IN FULL before your request can be considered.

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CURRICULUM VITAE

All grant requests MUST be accompanied by a current cv which includes such information as: education, post-graduate training, current hospital affiliations, specialization, other research activity, publications and presentations, etc.

ENDORSEMENTS

If you are practicing in a country which has a chartered ICS National Section, the HQ office WILL seek the endorsement of that Section before proceeding with the review of your application.

PAYMENT OF GRANT AWARDS

Grant payments are made by issuance of a check which is made payable to the applicant AND his/her study program director. The check is forwarded to the study program director and can then be cashed by both parties endorsing the check and submitting it to a bank or other financial institution.

RESPONSIBILITIES OF GRANT RECIPIENTS

It is expected that grant recipients will conduct themselves with the highest degree of professionalism during their program of study. Additionally, it is expected that grant recipients will provide the HQ office with a written summary of their course of study upon its completion. ICS reserves the right to publish such reports as it deems appropriate in its newsletter. Grant recipients are encouraged to submit their research to an ICS scientific meeting for presentation and it is highly encouraged that grant recipients consider becoming a Fellow of the College (if not already a Fellow).

DISCLAIMER

ICS is not responsible for any actions of any grant recipients.

Grant Request Checklist (make sure you have enclosed the following):

- ☐ Documentation of surgical licensure
- ☐ Current curriculum vitae
- ☐ Description of proposed study program
- ☐ Letter of acceptance for program of study (by the supervising surgeon and the institution)
- ☐ Time frame for study program
- ☐ Expected goals of the study program
- ☐ Current contact information (address, phone and fax numbers)
- ☐ Total estimated cost of your study program
- ☐ Other funding sources (either secured or being pursued)
- ☐ Documentation of financial need (if appropriate)

Submit all grant requests to:

Chair, Research & Scholarship Committee
c/o Executive Director
International College of Surgeons
1516 North Lake Shore Drive
Chicago, IL 60610-1694
Phone: + 1.312.642.3555
Fax: + 1.312.787.1624

INTERNATIONAL COLLEGE OF SURGEONS
A WORLD FEDERATION OF GENERAL SURGEONS AND SURGICAL SPECIALISTS, INC.
FOUNDED IN GENEVA, SWITZERLAND, INCORPORATED IN WASHINGTON D.C.

APPLICATION FORM FOR THE RESEARCH & SCHOLARSHIP GRANT

(Please type or print)

Attach Photograph Here

APPLICANT

1. Name: _____

2. Sex: _____ Date of Birth: _____

3. Institution where employed: _____

_____

4. Mailing Address: _____

_____ Country _____

Telephone: _____ Fax Number: _____

5. Home Address: _____

_____ Country _____

Telephone: _____ Fax Number: _____

HOST INSTITUTION

6. Name and address of proposed institution:

_____

_____ Country _____

7. Name and title of head of proposed host department:

_____

_____

国際外科学会日本部会 (http://www.ics-japan.org/)

INTERNATIONAL COLLEGE OF SURGEONS

A WORLD FEDERATION OF GENERAL SURGEONS AND SURGICAL SPECIALISTS, INC.
FOUNDED IN GENEVA, SWITZERLAND, INCORPORATED IN WASHINGTON D.C.

GRANT REQUEST CHECKLIST (make sure you have enclosed the following):

- ☐ Documentation of surgical licensure
- ☐ Current Curriculum Vitae, including the following:
  - *applicant's career background
  - *professional organizations to which applicant belongs
  - *scholary achievements (papers by applicant, which have been published within the last five years)
- ☐ Description of proposed study/research program
- ☐ Time frame of study/research program
- ☐ Letter of acceptance for program of study/research (by the supervising surgeon and the institution)
- ☐ Expected goals of study/research program
- ☐ Total estimated cost of your study/research program
- ☐ Letter of endorsement from National ICS Section, if established in your country
- ☐ Other funding sources (either secured or being pursued)
- ☐ Documentation of financial need (if appropriate)

SIGNATURE: _____ **DATE:** _____

ICS NATIONAL SECTION APPROVAL

PRESIDENT-SIGNATURE: _____ **DATE:** _____

SECRETARY-SIGNATURE: _____ **DATE:** _____

Mail To: International College of Surgeons
Research & Scholarship Dept., 3rd Fl.
1516 N. Lake Shore Drive
Chicago, IL USA 60610-1694

国際外科学会日本部会 (http://www.ics-japan.org/)