



# SUFU

SOCIETY OF  
URODYNAMICS,  
FEMALE PELVIC MEDICINE &  
UROGENITAL RECONSTRUCTION

## SUFU VISITING PROFESSORSHIP APPLICATION

Please complete the following application and email to [info@sufuorg.com](mailto:info@sufuorg.com) in order to be considered for the  
SUFU Visiting Professorship.

Name of Institution:

Program Director:

Chairman:

Host City:

Number of Residents per year:

Number of Current FPMRS (ACGME Accredited) Faculty:

Number of Faculty (non-ACGME Accredited) that perform slings on a regular basis:

Number of Faculty (non-ACGME Accredited) that perform prolapsed repairs on a regular basis:

Number of Residents that have pursued FPMRS fellowship training in last 5 years:

Likelihood of seeking an FPMRS trained physician at your institution in the next 5 years:

(1= NO, 5 = Absolutely)

Please provide a date range with your preferred dates for the visit.

**List in order of preference from most to least desired.**

1.

2.

3.

\*Please return this completed form to Michelle DeConcilis by fax at: (847) 517-7229 or by email at: [info@sufuorg.com](mailto:info@sufuorg.com).  
For questions, please call Heather Swanson at: (847) 264-5965.