



ISSM Endorsement Application Form

ISSM is committed to advancing quality education for sexual medicine world-wide. We are interested in partnering with well-qualified individuals to disseminate evidence-based knowledge that is free of commercial bias. Applications will be reviewed based on the following criteria: Qualifications of the Program Chair and proposed faculty; clinical relevance of the program; evidence-based merit of the proposed program; potential application of knowledge following completion of the program; and prior demonstration of involvement with ISSM.

| | | |
|---|--------------------------------|---------------------|
| Program Title | | |
| Program Chair <i>(attach full CV)</i> | Name and e-mail address | ISSM member? |
| | | Yes / No |
| Program Faculty <i>(attach abbreviated CV for each with education, training, and relevant publications to proposed program)</i> | Name and e-mail address | ISSM member? |
| | 1. | Yes / No |
| | 2. | Yes / No |
| | 3. | Yes / No |
| | 4. | Yes / No |
| Program Location <i>(City, Country, Website)</i> | | |
| Proposed Dates | | |
| Please list any local or regional affiliates or other co-branded societies | | |
| Estimated # of attendees | | |
| Will you agree to show an ISSM promotional slide, provided by the ISSM office, at the beginning of your program? | Yes / No | |

Please submit a copy of your proposed program, complete CV for the program chair and abbreviated CV for each proposed faculty member!

Please submit this form and all relevant attachments to office@issm.info