



Faculty Approval Form

Not-for-Profit LOC Faculty appointed by the LOC must be approved by a member of the ISCD Education Council (or one of the ISCD Regional Panels), the IOF Committee of Scientific Advisors, or the IOF Regional Advisory Committee.

For-Profit LOC Faculty selected by the LOC must be submitted for approval by the joint course committee.

Please send this document to the course administrator* six weeks prior to the course. The LOC should allow 10 business days for the faculty approval.

PROPOSED COURSE DETAILS

LOC Name _____
Venue _____
Date _____

PROPOSED FACULTY

Name _____
Affiliation _____
Position _____
Main Research / Clinical Interest _____
Affiliation to other scientific societies _____

Name _____
Affiliation _____
Position _____
Main Research / Clinical Interest _____
Affiliation to other scientific societies _____

Name _____
Affiliation _____
Position _____
Main Research / Clinical Interest _____
Affiliation to other scientific societies _____

NOTE: If you would like to propose more than three faculty members, please use the second page to add as many as needed.

APPROVED BY

Name _____
Affiliation (*Not-for-Profit LOC only*) _____

Signature

Date

IOF ISCD Course Administrators

NORTH & SOUTH AMERICA Mary Saier msaier@iscd.org • **OTHER REGIONS** info@iofbonehealth.org

ADDITIONAL PROPOSED FACULTY

Name _____

Affiliation _____

Position _____

Main Research / Clinical Interest _____

Affiliation to other scientific societies _____

Name _____

Affiliation _____

Position _____

Main Research / Clinical Interest _____

Affiliation to other scientific societies _____

Name _____

Affiliation _____

Position _____

Main Research / Clinical Interest _____

Affiliation to other scientific societies _____

Name _____

Affiliation _____

Position _____

Main Research / Clinical Interest _____

Affiliation to other scientific societies _____

Name _____

Affiliation _____

Position _____

Main Research / Clinical Interest _____

Affiliation to other scientific societies _____

Name _____

Affiliation _____

Position _____

Main Research / Clinical Interest _____

Affiliation to other scientific societies _____

NOTES
