Please complete this form when submitting a CAST Stereotactic/Functional Fellowship Program Application (new or renewal). The report should include each institutional case for each participating site for the most recent academic year (July 1 - June 30). Each operative experience should generate one case in one category in the grid(s) below. Do not sort or classify by CPT codes. Be sure to include all cases done within the entire training program, even though some might not have had resident/fellow participation.

Institution Name

CAST Fellowship Program Director Name

Neurosurgery Department Chair Name

Site #1 Name

Site #2 Name (If applicable)

Site #3 Name (If applicable)
Site #4 Name (If applicable)  

Site #5 Name (If applicable)  

Case/Procedure Type  

Deep brain stimulation (any indication), (min. 20)  
Pulse generator replacement (min. 20)  
Vagus nerve stimulation (min. 10)  
Spinal cord stimulation (min. 5)  
Epilepsy (craniotomy for monitoring/ investigation) (min. 10)  
Epilepsy (craniotomy for treatment) (min. 10)  
Tigeminal neuralgia surgery (min. 5)