**KSELS Mentor-Mentee Video Award**

**Declaration of Authenticity**

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| --- | --- | --- | --- |
| Name |  | Affiliation |  |
| Category | *Resident / Fellow* | Years of Experience |  |
| Tel. |  | E-mail |  |
| Video Title |  | | |
| Video Description |  | | |

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| Declaration of Authenticity |
| I declare that the video submitted to the KSELS Mentor-Mentee Video Award is my own work.  I was instructed by the Mentor during surgery, but the actual surgery was done by myself. If there is any part done at the direction of the Mentor, I promise to clarify it at the presentation.  If the work is found to be false, the presentation can be canceled and I was informed that I could face repercussions with future KSELS activity.  Name:  Affiliation:  (Signed) |

\* Please complete the Declaration of Authenticity Form below and upload it with your video via the link by March 10. (Link: <https://www.dropbox.com/request/JzJtgFBpZNGB0pktgi9N>)

\* For any inquiries, please contact the secretariat, [info@ksels.com](mailto:info@ksels.com).