



310 South Henry Street; Alexandria, Virginia 22314; Phone: (703) 299-9291; Fax (703) 299-8898

INTERNATIONAL OBSERVERSHIP PROGRAM APPLICATION

Observership applicants must be members of the IFFPSS before applying for an observership.

Name _____
 First Middle Last

I am applying for an IFFPSS OBSERVSHIP beginning _____

and ending _____ (no less than 1 month and not greater than
3 months)

Insert photograph
Here

APPLICATION PROCEDURE

The Observership Application (including the Preceptor Director List), Curriculum Vitae (CV), Operative Experience List, Future Plan Statement, Medical School Transcript, and three reference letters (*one must be from the Department Chair, one from the respective country's society president and one from a member of the IFFPSS in good standing*) must be received in the IFFPSS Administrative offices at least 6 months prior to the desired fellowship start date

The application fee is \$200 and is part of the application process payment(s) should be made to the IFFPSS Administrative Office. Applications cannot be submitted until all documentation is complete Applications are distributed to all fellowship directors simultaneously.

Applicants will be sent a confirmation after distribution of their application to Preceptor Directors. Applicants should review the confirmation carefully to ensure that their application has been distributed according to their Observership Preceptor List.

It is the responsibility of the applicant to follow up directly with each of the desired Observership Preceptors and to notify the IFFPSS offices of the final date and length of rotation and preceptor that accepted your request. Failure to do so will jeopardize receiving recognition for the observership. If you have visited a preceptor without being part of this formal application process your observership will not be recognized

The IFFPSS requests that applicants keep their own file copies of all application materials.

APPLICATIONS ARE REVIEWED BIANNUALLY

City, Country

Visit www.iffpss.org for observership information.

TEACHING EXPERIENCE

Rank	Institution
Department	Dates (from – to)
Rank	Institution
Department	Dates (from – to)

This and other experience should be included on the Curriculum Vitae (CV).

Medical License: _____
Year (from-to) Country

Do you have IFFPSS certification: Yes or No what year _____

REFERENCES

List the names, addresses and telephone numbers of the three people you have requested letters of recommendation. You must include your department chair of otolaryngology or plastic surgery (space number 1). You must have a letter from your country society president and a letter from a member of the IFFPSS in good standing.

1. _____ Name of Chair () Phone Number	_____ Address _____ Address
2. _____ Name () Phone Number	_____ Address _____ Address
3. _____ Name () Phone Number	_____ Address _____ Address

All application information is required to be complete.

OBSERVERSHIP PRECEPTOR LIST

List the names of the Observership preceptors you desire to spend time with IN ORDER OF PREFERENCE.

Preceptor	Length of Duration (1-3mos-)	From mo/yr- To mo/yr
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1st Choice

2nd Choice

3rd Choice

NOTE: THIS PROGRAM PROVIDES NO CREDENTIAL. You may not claim that anyone has recognized you or examined you or certified you or approved you or that you have completed any approved course of study, and you will not make any such claim. You will not use completion of the Observership in any advertising or marketing. The sole purpose of the Observership is to encourage the practice many have pursued through the years of informally observing colleagues' surgeries. By your signature to this application you accept agreement to the terms in this application, including this paragraph.

I understand that this is not a fellowship experience and that my duties will be in an observational capacity only. I hereby certify that everything in the application is accurate and truthful.

Signature

Date