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

IFFPSS FELLOWSHIP PROGRAM DIRECTOR APPLICATION

The checklist is provided for your assistance to ensure all information is submitted for review. Careful attention to these items will assist in the program review and reduce the likelihood that additional information will be requested.

The completed Application includes:

I. _____ Fellowship Application
   - A. Institutional Information
   - B. Fellowship Details
   - C. Educational goals/Fellowship Program Description

II. _____ Program Director, Co-Director, & Faculty Information

III. _____ Planned fellow weekly block schedule

IV. _____ Proposed Fellowship Conference Schedule

V. _____ List of scholarly activities available to fellows

VI. _____ Director, Co-Director and Faculty Credentials
   - A. Director and Co-Director Summaries
   - B. Operative Report Forms for the past 3 years for Director and (Co-Director)
   - C. 45 Operative Notes (15 notes per year) over the past 3 years for Director and Co-Director
   - D. Copy of Current Medical License(s)
   - E. Proof of IBCFPRS or Minimal 5 Years' Experience
   - F. Full Curriculum Vitae (CV) for Director, Co-Director and each faculty member

VII. _____ Complete Attachment I (IBCFPRS PROCEDURE LIST), if necessary

VIII_____ $100 program Fee

I.A. INSTITUTION INFORMATION

INSTITUTION #1 Name of Director / Co-Director:
Name of Institution **#1**:
Address:
Telephone: ( ) FAX: ( ) E-MAIL
Medical School Affiliation, if any:
Where do operative procedures take place? _____ Does this Institution have an accredited (if applicable) Ambulatory Surgery Facility: YES ( ) NO ( )? If yes accredited by what accrediting association:

INSTITUTION #2 Name of Director / Co-Director:
Name of Institution:
Address:
Telephone: ( ) FAX: ( ) E-MAIL
Medical School Affiliation, if any:
Where do operative procedures take place? _____ Does this Institution have an accredited (if applicable) Ambulatory Surgery Facility: YES ( ) NO ( )? If yes accredited by what accrediting association:

INSTITUTION #3 Name of Director / Co-Director:
Name of Institution:
Address:
Telephone: ( ) FAX: ( ) E-MAIL
Medical School Affiliation, if any:
Where do operative procedures take place? _____ Does this Institution have an accredited (if applicable) Ambulatory Surgery Facility: YES ( ) NO ( )? If yes accredited by what accrediting association:

INSTITUTION #4 Name of Director / Co-Director:
Name of Institution:
Address:
Telephone: ( ) FAX: ( ) E-MAIL
Medical School Affiliation, if any:
Where do operative procedures take place? _____ Does this Institution have an accredited (if applicable) Ambulatory Surgery Facility: YES ( ) NO ( )? If yes accredited by what accrediting association:

I.B FELLOWSHIP DETAILS

(Please provide the following information and brief narratives where applicable)

Director name, address, phone number and email

Co-Director name, address, phone number and email

- **UNIVERSITY AFFILIATION:**

- **LICENSING REQUIREMENT:**

- **APPOINTMENT LEVEL:**

- **OPERATING PRIVELEGES:**

- **OPERATIVE EXPERIENCE: hands on, observational, assistant, etc.**

• RESEARCH IS PART OF THE PROGRAM – YES / NO (circle one):

• TEACHING RESPONSIBILITIES:

• CASE LOAD:

• CALL RESPONSIBILITIES:

• BENEFITS:

- Health Care:
- Stipend:
- Malpractice Insurance

• ADDITIONAL INFORMATION:

Signature of Fellowship Director (or) Authorized Personnel **Date**

I.C EDUCATIONAL GOALS / FELLOWSHIP PROGRAM DESCRIPTION

i.e., In 250 words or less provide a brief description of the program including features such as: university or private practice setting, number of faculty and co-directors, the proportion of cosmetic, reconstruction and functional cases, and the overall goals of the fellowship.

II. PROGRAM DIRECTOR, CO-DIRECTOR, & FACULTY INFORMATION

Complete the list below of **ALL** current faculty members (include director/co-director) who participate in the facial plastic surgery fellowship program. Group by Site

Name	Site	Title (ie Director, Co-Director, Faculty)	% time fellow spends per wk.	Other Information

III. PLANNED FELLOW WEEKLY BLOCK SCHEDULE

Complete weekly block schedule for fellow, FOR EXAMPLE: where and with whom, if weeks vary , please use additional forms as necessary.

Example

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM	OPERATE IN OFFICE with Dr. Jones SEE NEW CONSULTS	AM LECTURE OPERATE AT HOSPITAL	OPERATE IN OFFICE SEE NEW CONSULTS	AM LECTURE OPERATE AT HOSPITAL	OPERATE IN OFFICE SEE NEW CONSULTS		
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
PM	SEE POST – OP PATIENTS	SEE POST – OP PATIENTS	SEE POST – OP PATIENTS	SEE POST – OP PATIENTS	SEE POST – OP PATIENTS		
EVENING							

Site - _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

Site - _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

Site - _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

Site - _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

IV. PROPOSED FELLOWSHIP CONFERENCE SCHEDULE

List the didactic conferences offered. Do **not** include specific conference schedules, posters or advertisements.

Site	Conference Type (Basic Science, Journal Club, Pathology, etc.)	R or O (Required or Optional)	Frequency	Individual(s) or Department Responsible for Conducting Conference

V. LIST OF SCHOLARLY ACTIVITIES AVAILABLE TO FELLOWS

i.e., provide a bulleted list of the types and frequency of the scholarly activities the fellow is expected to take part of during the fellowship including: conferences, lectures, production of manuscripts, etc.

Example of a conference list is below:

- Weekly – Mortality and Morbidity Conference - University Conference Room
- Weekly - Didactic Facial Plastics Meeting - Dr. Jones office
- Tuesdays – Preoperative Case Conference – Outpatient Surgery Center Meeting Room
- Twice yearly - Cadaver Lab

VI.A IFFPSS FELLOWSHIP DIRECTOR AND CO-DIRECTOR SUMMARIES

Please provide the following summary information from the submitted curriculum vitae for each director and co-director that are part of the fellowship program including:

Name: _____

Title or Position in Fellowship Leadership: _____

- Number of lifetime publications _____
- Number of facial plastic surgery meetings attended in last 5 years _____
- Number of scholarly presentations or course directorships _____
- Average facial plastic surgery caseload over the last 3 years _____
- Number of years in practice _____

Name: _____

Title or Position in Fellowship Leadership: _____

- Number of lifetime publications _____
- Number of facial plastic surgery meetings attended in last 5 years _____
- Number of scholarly presentations or course directorships _____
- Average facial plastic surgery caseload over the last 3 years _____
- Number of years in practice _____

Name: _____

Title or Position in Fellowship Leadership: _____

- Number of lifetime publications _____
- Number of facial plastic surgery meetings attended in last 5 years _____
- Number of scholarly presentations or course directorships _____
- Average facial plastic surgery caseload over the last 3 years _____
- Number of years in practice _____

Name: _____

Title or Position in Fellowship Leadership: _____

- Number of lifetime publications _____
- Number of facial plastic surgery meetings attended in last 5 years _____
- Number of scholarly presentations or course directorships _____
- Average facial plastic surgery caseload over the last 3 years _____
- Number of years in practice _____

VI.B OPERATIVE REPORT FORMS

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FELLOWSHIP DIRECTOR APPLICATION OPERATIVE REPORT

(This form is designed to allow for 3 years of reporting in each section. Operative notes must coincide with procedures reported on this operative report form.)

NAME OF APPLICANT: _____ ☐ Director ☐ Co-Director

YEAR 1:_____ YEAR 2: _____ YEAR 3: _____

MM / DD / YEAR- MM / DD / YEAR MM / DD / YEAR- MM / DD / YEAR MM / DD / YEAR- MM / DD / YEAR

Indicate in each category the number of cases either performed as primary surgeon, performed as first assistant (assisted) during the year.

_____ _____

APPLICANT SIGNATURE DATE

Please submit your total operative report numbers along with 15 operative notes for each year indicated, for a total of 45 operative notes.

Director Name _____

I. TRAUMA	Performed	Assisted	Subtotal	Observed	Total
Repair Soft Tissue Injury/Lacerations					
Facial Nerve Repair					
Lacrimal Duct Repair					
Nasal Fracture					
Frontal Sinus Fracture					
Nasoethmoid Fracture					
Skull/Cranial Fracture					
Midface Fracture					
Malar (Zygoma) Fracture					
Orbital Fracture					
Mandibular Fracture					
Other					
Subtotal Trauma					

II. CONGENITAL	Performed	Assisted	Subtotal	Observed	Total
Hemangioma/Lymphangioma Resection Treatment					
Choanal Atresia Repair					
Cleft Lip Unilateral Repair Bilateral Repair					
Alveolar Cleft Repair					
Cleft Palate Repair					
Craniofacial Procedure					
Microtia Reconstruction					
Otoplasty (#patients-not ears)					
Other Auricular Revision					
Other					
Subtotal Congenital					

Director Name

III. RECONSTRUCTIVE	Performed	Assisted	Subtotal	Observed	Total
Mandible Reconstruction					
Facial Bone Grafting/Reconstruction					
Orthognathic Procedures					
Grafts Split Thickness Full Thickness Composite Dermal/Dermal-Fat Cartilage Grafts Auricular Rib Septal					
Flaps Local Regional Distal Free Lip Detachment of Pedicle Flap					
Facial Nerve Reconstruction Nerve Graft Gold Weight Lower Lid Tightening Microneurovascular Flap Muscle Sling Static Sling Other					
Scar Revision Surgery Z-Plasty W-Plasty/Geometric Broken Line Closure Complex Other Full Face Dermabrasion					
Tissue Expanders					
Other					
Subtotal Reconstructive					

Director Name

IV. COSMETIC/RECONSTRUCTIVE	Performed	Assisted	Subtotal	Observed	Total
Rhinoplasty					
Septorhinoplasty					
Septoplasty					
Blepharoplasty (count bilaterals as 1 procedure only; count upper & lower blephs each as 1 procedure)					
Rhytidectomy Endoscopic Facelift					
Mentoplasty Augmentation Reduction					
Facial Implants (e.g. malar)					
Coronal/Frontal Lift					
Browlift Endoscopic Forehead Lift					
Cervicofacial Liposuction					
Skin Resurfacing Dermabrasion (major-not scars) Chemical Peel (medium & deep only) Face, Eyelid, and/or Perioral Laser Resurf. Laser Treatment of Vascular Lesions					
Hair Replacement Flap Scalp Reduction Micro, Mini or Punch Grafts					
Other					
Subtotal Cosmetic/Reconstructive					

V. HEAD AND NECK	Performed	Assisted	Subtotal	Observed	Total
Subtotal Head and Neck					

PAGE 5,

Director Name

If you have other procedures that are listed on the IBCFPRS procedures list (Attachment I) you may list them on this page.

VI. OTHER

	Performed	Assisted	Subtotal	Observed	Total
Subtotal Other					

VI. C OPERATIVE NOTES

Submit 15 operative notes per year representative of the cases reported on the operative report form. The operative notes must be for the last 3 years from Director and Co-Director.

VI. D COPY OF CURRENT MEDICAL LICENSE

VI. E PROOF OF IBCFPRS (if less than 5 years-experience is reported)

VI.F ATTACH FULL CV FOR DIRECTOR, CO-DIRECTOR & FACULTY