

The Academy Of Minimally Invasive Foot & Ankle Surgery

FELLOWSHIP APPLICATION FORM

Name: _____
Office Address: _____
City: _____ State: _____
Zip Code: _____ Date of Birth: _____
Telephone: _____ Fax: _____
Email Address: _____
Degree: _____
Narcotic License: _____

Pre-Medical Education

College or University: _____
No. Of Years Attended: _____
Degree: _____
Date of Graduation: _____

Medical Education

College: _____
No. Of Years Attended: _____
Degree: _____
Date of Graduation: _____

Post-Graduate Surgical Training including Minimal Invasive, Preceptorships, Internships, & Residency

Location: _____
Dates: _____ Length of Time: _____

Surgical Experience in Minimal Invasive Surgical Procedures

State Licenses and Numbers

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

I agree to abide by the The Academy Of Minimally Invasive Foot & Ankle Surgery's Constitution, By-Laws, Preferred Practice Guidelines and Standards of Care.

*AMIFAS is approved by the Council of Podiatric Medical Education as a sponsor of continuing education in podiatric medicine.

Signed: _____ Date: _____
Signature of Applicant

Please include a clear copy of a photo ID. Example: Driver's License, Passport

The Academy of Minimally Invasive Foot & Ankle Surgery

FELLOWSHIP

Please be advised that acceptance as a fellow in the Academy is conditioned upon the following:

Satisfactory proof of performance of 3 soft tissue cases and 5 bone surgery cases of ambulatory foot surgery, on an out-patient basis. You should submit these 8 case history reports to the National Office, at which time they will become the property of the Academy.

A personal interview as desired by the Membership Committee.

Approval of the AMIFAS Board.

The annual dues are \$495.00 per year for all Members including Fellowship members. To be considered for a fellow you must be current on your annual dues.

The Academy is contributing in a significant manner to the development of improved techniques and the enhancement of the image of foot surgery in the eyes of the public. We hope that you will become a Fellow and assist us in the attainment of our goals.

The Academy of Minimally Invasive Foot & Ankle Surgery

INSTRUCTIONS FOR CASE HISTORIES
TOWARDS FELLOWSHIP

1. Please keep a copy of your case history packet for your records.
2. Documentation of performed procedure being reported via copies of:
 - Pre and Post Op Radiographs.
 - All procedures must be Ambulatory.
 - Osseous procedures to be performed by Minimal Invasive Surgery.
 - E.M.O.B for undocumented procedures.
 - Pre & Post Op labeled photograph of reported procedure.
 - Pathology report (Osseous & Soft Tissue).
3. Post-op progress notes should be a summary of the healing process of the patient by date; include when patient was able to return to a normal daily routine.
4. Required to:
 - Present 5 Osseous Procedures (via Minimal Invasive Surgery).
 - Present 3 Soft Tissue Procedures.
 - Participate in 2 Surgical Cadaver Seminars on Minimal Invasive Surgery.
 - Upon completion, there will be an oral and practical demonstration at a Cadaver Seminar.
5. Send your completed application and processing fee in the amount of \$125.00 by check to the address below:

AMIFAS
3707 S Grand Blvd, Suite A
Spokane, WA 99203
Toll Free: 1-800-479-4936 Direct Phone: 509-624-1452
Fax: 509-624-1128

PATIENT INFORMATION SHEET

LIST CASE HISTORY REPORTS THAT OCCURRED WITHIN
THE LAST TWO YEARS

PATIENT NAME:

SURGERY PERFORMED:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

THIS FORM IS TO BE INCLUDED WITH THE CASE HISTORY REPORTS

The Academy of Minimally Invasive Foot & Ankle Surgery

CASE HISTORY REPORT

REPORT #: _____

PATIENT NAME: _____

AGE: _____

RACE: _____

SEX: _____

SURGERY: _____

SURGICAL FACILITY: _____

CHIEF COMPLAINT: _____

HISTORY AND PHYSICAL: _____

PREVIOUS TREATMENTS: _____

DURATION OF CONDITION: _____

COMPLETE OBJECTIVE PICTURE OF PATIENT'S SURGICAL PROBLEMS: _____

PRE-OPERATIVE DIAGNOSIS: _____

PRE-OPERATIVE MEDICATIONS: _____

The Academy of Minimally Invasive Foot & Ankle Surgery

POST OPERATIVE DIAGNOSIS: _____

POST OPERATIVE MEDICATIONS: _____

OPERATIONS PERFORMED (LIST ALL PROCEDURES): _____

LABORATORY REPORTS (PATHOLOGY, TISSUE, BLOOD, URINE, etc.):

X-RAY FINDINGS: _____

PLEASE ATTACH OPERATIVE REPORTS (STANDARD FORMS ACCEPTED)

**PLEASE SUBMIT PRE-OP X-RAYS, IMMEDIATE POST-OP X-RAYS, AND FINAL
POST-OP X-RAYS SAVED ON A THUMB DRIVE WITH THEM NUMBERED
ACCORDING TO THE PATIENT INFORMATION SHEET.**

***MAKE SURE THAT NO PATIENT INFORMATION IS ON THE X-RAYS**