



The Academy of Minimally Invasive Foot & Ankle Surgery

INTERNATIONAL FELLOWSHIP

APPLICATION FORM

Application Fee \$75.00

See other fees listed on Page 2

Name: _____

Office Address: _____

City: _____ Country: _____

Date of Birth: _____

Telephone: _____ Fax: _____

Email Address: _____

Medical Education

College: _____

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

Countries of Practice

1) _____

2) _____

3) _____

I agree to abide by The Academy of Minimally Invasive Foot & Ankle Surgery’s Mission Statement, Preferred Practice Guidelines and Standards of Care.

Signed: _____ Date: _____

Signature of Applicant

Please include a clear copy of a photo ID (Example: Driver’s License, Passport)
as well as medical license in country of practice.

FELLOWSHIP

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

- Satisfactory proof of performance of 5 bone surgery cases of ambulatory foot surgery. You should submit the case history reports to the National Office, at which time they will become the property of the Academy. A video of performance of a surgery is required.
- Approval of the AMIFAS Board.

FEES

The annual dues are \$250.00 per year for all International Members including Fellowship members. To be considered for a fellow you must be current on your annual dues. There is a one-time new Fellow application fee of \$75.00.

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.

Note: view all documentation, including our Preferred Practice Guidelines and a Case Submission Sample online at www.amifasintl.org/fellowship

INSTRUCTIONS FOR CASE HISTORIES TOWARD INTERNATIONAL 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.
 - Pre & Post Op labeled photograph of reported procedure.
 - Operative report.
3. Post-op progress notes should be a summary of the healing process of the patient; include when patient was able to return to a normal daily routine.
4. Required to:
 - Present 5 Osseous Procedures (via Minimal Invasive Surgery).
 - Send a short video of at least one surgery being performed.
 - Pay the Member and Fellow fees.
5. Send your completed application via email or mail a thumb drive to the address below:

AMIFAS
 c/o Ann Dosen
 1249 Chapin Rd., Unit 1083
 Chapin, SC 29036
 Toll Free: 1-800-479-4936 Direct Phone: 509-624-1452
 Text or WhatsApp: 727-422-3996
 Fax: 509-624-1128

6. Complete your payment information for the processing fee in the amount of \$75.00:
 Credit card number: _____
 Exp. Date: _____ CVV: _____
 Billing Address: _____

 Name on card: _____

PATIENT INFORMATION SHEET

LIST CASE HISTORY REPORTS THAT OCCURRED
WITHIN THE LAST TWO YEARS

PATIENT NAME:

SURGERY AND DATE PERFORMED:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

THIS FORM IS TO BE INCLUDED WITH THE CASE HISTORY REPORTS.

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: _____

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 FLASH DRIVE WITH THEM NUMBERED ACCORDING TO THE PATIENT INFORMATION SHEET.

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

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