



# 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](http://www.amifasintl.org/fellowship)*

INSTRUCTIONS FOR CASE HISTORIES TOWARD INTERNATIONAL FELLOWSHIP

1. Please keep a copy of your case history packet for your records. Note: all files must be PDF documents or jpeg image files.
  
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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