



The Academy of Minimally Invasive Foot & Ankle Surgery

FELLOWSHIP APPLICATION FORM

Application Fee \$125.00 See other fees listed on Page 3.

Name: _____

Office Address: _____

City: _____ **State:** _____

Zip Code: _____ **Date of Birth:** _____

Telephone: _____ **Fax:** _____

Email Address: _____

Degree: _____

State 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 Academy of Minimally Invasive Foot & Ankle Surgery's Mission Statement, Preferred Practice Guidelines.**

Signed: _____ **Date:** _____
Signature of Applicant

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

Pathway to Becoming an AMIFAS Fellow

Please be advised that acceptance as a Fellow in the Academy is conditional upon the satisfying all requirements:

- Attend two AMIFAS annual meetings
- Successfully complete the Fellowship requirements of AMIFAS: pass written and oral exams, pass lab practical exam, submit cases for review
- Remain a current/active member of AMIFAS

It should be noted that though other MIS meetings and organizations are encouraged, one can only be a Fellow of AMIFAS if they complete the AMIFAS Fellowship qualifications. In addition, other MIS board statuses (such as the ABMSP-MIS, ABPM-MIS, ACFAS MIS Fellowship) does not equate to AMIFAS Fellowship.

Applicant may take written exam after attending two annual AMIFAS Seminars (may take at end of 2nd meeting)

Upon passing written examination, must complete:

1. Submit 10 cases before end of calendar year examination passed.
2. Must pass lab practical at Beginners Meeting, or Masters Meeting in October (if successfully completed case submission) If unable to attend, upon Board approval, can defer Fellow status 1 year.
*Fellow status will be granted and recognized at the AMIFAS Annual Seminar during the Member Business Meeting.

To maintain active Fellow status, you must maintain your membership in good standing. In addition, you must attend the AMIFAS Annual Seminar at minimum once every three years, and the Masters meeting once every five years. Upon relinquishing your Fellow status for any reason, with written request, and active membership, your Fellow status may be reinstated.

FEES

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. There is a one-time new Fellow application fee of \$125.00.

INSTRUCTIONS FOR CASE HISTORIES TOWARDS FELLOWSHIP

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

2. Cases must be submitted in a separate, numbered file 1-10 (case 1, case 2, case 3...)

***Do NOT use the patients name(s) or identifying characteristics. Here is an example of how to organize your case files for submission:**

a. Case 1

- i. Case 1 pre-op photos
- ii. Case 1 pre-op x-rays
- iii. Case 1 post-op photos
- iv. Case 1 post-op x-rays
- v. Case 1 surgical report
- vi. Case 1 synopsis

b. Case 2

- i. Case 2 pre-op photos
- ii. Case 2 pre-op x-rays
- iii. Case 2 post-op photos
- iv. Case 2 post-op x-rays
- v. Case 2 surgical report
- vi. Case 2 synopsis

c. Etc.

Cases must be submitted via email to BOTH director@amifasintl.org and drbarney1100@gmail.com using an electronic file transfer service such as WeTransfer, DropBox, or Google Drive. Please be sure the transferred files are organized as noted above and that you have granted access to “anyone with the link”.

3. Documentation of performed procedure being reported via copies of:

- Pre-op photos and x-rays
- Post-op photos and x-rays (final visit only)
- Surgical op report
- Synopsis, discussion – NOT office note, but synopsis detailing why procedure was selected for specific patient (age, limiting factors, post-op protocol – time in bandage/shoe/boot, taping; anything interesting that happened during case, anything you would have done differently/complications?)

***DO NOT SEND all office visit notes. Only office note should be surgical op report. All else must be summarized in a single paragraph not to exceed half a page.**

***Ensure no patient information is on the x-rays.**

4. Must be 10 separate surgeries/patients’ feet. Cannot submit multiple case requirements per one

surgical case. However, could have performed multiple procedures (bunionectomy, lesser metatarsal osteotomy, hammertoe, tendon balancing), but MUST INDICATE which requirement you would like Fellowship director to evaluate. It is NOT necessary to submit a case requirement where only a single case procedure was performed (for example: an isolated 2nd proximal phalanx osteotomy), but it IS required to INDICATE what procedure you would like evaluated to satisfy ONE of the procedure requirements.

5. Cases must be submitted by end of Calendar year, before January. If you are unable to complete this timeline, special circumstances allow a one-year extension

6. Procedure Requirements (10)

- A. Flexor tenotomy, and/or Extensor tenotomy, and/or Capsulotendon balancing
- B. One of the following: plantar fasciotomy, gastroc rection, Achilles lengthening, Capsule balancing for overlapping digits/plantar plate tear/dislocation
- C. Digital condylectomy/exostectomy
- D. Phalangeal osteotomy
- E. Lesser metatarsal Osteotomy
- F. Bunionette correction with or without osteotomy
- G. Akin osteotomy
- H. First metatarsal osteotomy
- I. First metatarsal osteotomy
- J. First metatarsal osteotomy

7. Include this completed application with your file transfer.

8. Complete your payment information for the processing fee in the amount of

\$125.00:

Credit card number: _____

Exp. Date: _____ CVV: _____

Billing Address: _____

Name on card: _____

PATIENT INFORMATION SHEET

Note: use an ID for patients, not their name or anything that would violate HIPAA.

PATIENT ID:

SURGERY PERFORMED:

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