

2017 OMS Foundation Clinical Surgery Fellowship Application

Oral and Maxillofacial Surgery Foundation

APPLICATION INSTRUCTIONS

APPLICATION TIPS:

- Please review the **revised** application guidelines prior to beginning your application.
- Please upload any required/requested attachments in the format specified.
- Please note that character limits include spaces and punctuation.
- Please insert page numbers in uploaded documents that are more than one page.
- Your work is auto-saved every 100 characters or so. You can also use the save button to save your work as you go, and return to the application until you are ready to submit.
- It is recommended that you retain a print copy of your application; however, you will be able to view (but not edit) your application via the grant portal once it has been submitted.
- The deadline for application submission is **Saturday, July 15, 2017 at 11:59 p.m. CDT.**

Name of Fellowship Program (Facility)*

Character Limit: 250

SPONSORING INSTITUTION INFORMATION

Address of Fellowship Program (Facility):*

Character Limit: 500

Clinical Surgery Area Covered by Fellowship*

Character Limit: 1000

Faculty*

List of other Faculty to be involved with the fellowship:

Character Limit: 3400

Proposal Endorsement*

The Director or Chief of the unit (e.g. department, division or service, laboratory) must endorse the proposal and express support for both the unit and the Institution for the proposed work.

Please upload letter of support in pdf format.

File Size Limit: 1 MB

FELLOWSHIP PROGRAM DIRECTOR

Name and Contact Information*

Character Limit: 500

Name of Medical School, Degree Completed and Date Graduated*

Character Limit: 500

Name of Dental School, Degree Completed and Date Graduated*

Character Limit: 500

Fellowship Program Director Biographical Sketch*

The biosketch should be in **pdf format** and include the following items:

- Credentialed for clinical privileges in procedures for which Fellowship is offered.
- Faculty teaching appointments and affiliations.
- Professional society memberships.
- Scientific papers presented or published by the Fellowship Program Director which are relevant to the proposed work (include title, location and dates of presentations or publication).

File Size Limit: 2 MB

I am a donor of the OMS Foundation*

If you need to check your donor status, please contact (847) 233-4363 or pgillespie@omsfoundation.org.

Yes

No

I am a fellow or member of the AAOMS*

Yes

No

FELLOWSHIP PROGRAM DIRECTOR OMS TRAINING

Number of Years of OMS Training*

Character Limit: 250

Licensure Information (State, Date Completed)*

Character Limit: 500

Board Certification (Specialty, Date Completed)*

Character Limit: 500

Professional Experience (Include Specialty, Type of Practice, Dates and Location)*

Character Limit: 7000

MEDICAL/DENTAL LICENSURE

Is State Medical Licensure Required of Fellows while in Fellowship Program?*

Yes

No

Is State Dental Licensure Required of Fellows while in Fellowship Program?*

Yes

No

State / Dental Licensure*

If NO, please explain conditions (if any) relative to institutional licensure, permits, etc.

Character Limit: 3500

ACCREDITATION

Name of Sponsoring Institution*

Character Limit: 250

CODA Accredited*

Do you currently have a CODA accredited Oral and Maxillofacial Surgery Residency Program or are you in the process of accreditation?

Yes

No

If YES, please describe the relationship and impact of the Fellowship on the training of the residents.*

Character Limit: 3500

Accreditation*

Please provide proof of CODA accreditation, verification that you are in the process of accreditation, or that the process of accreditation will begin if funding is approved by the OMS Foundation. Provide in pdf format.

File Size Limit: 5 MB

MEDICAL MALPRACTICE COVERAGE

Malpractice Coverage*

Does the institution provide medical/dental malpractice coverage for Fellow?

Yes

No

If Yes, please provide the amount of coverage provided and carrier to underwrite. *

Character Limit: 3000

FELLOWSHIP FUNDING

Funding*

Do you currently have funding for the proposed fellowship?

Yes

No

If YES, please describe the amount of funding received and source(s) of funding. *

Character Limit: 7000

RESPONSIBILITIES OF THE FELLOW

Fellow Responsibility*

Will the fellow be given the opportunity to function as a primary surgeon (when deemed appropriate, based upon fellow's background, experience and demonstrated competence)?

Yes

No

Primary Function and Level of Responsibility*

Please explain briefly the Fellow's function and level of responsibility during the Fellowship period.

Character Limit: 3000

Future Plans*

Describe future plans for applying the knowledge and skills the Fellow will gain from the Fellowship.

Character Limit: 7000

PROFESSIONAL ACTIVITY PLAN

Professional Activity Plan*

The plan is not to exceed ten (10) pages and must be in pdf format. Include a description of plans for clinical investigation and clinical activity during Fellowship including the objectives and responsibilities in each area. Include the apportionment of time to each area.

File Size Limit: 5 MB

FELLOW'S BIOGRAPHICAL SKETCH

Name of Fellow*

Character Limit: 250

Fellow's Dental/Medical School*

Please provide the Name of the School, degree received and the date completed.

Character Limit: 500

Fellow's Licensure*

Please provide the State(s) licensed and the date completed.

Character Limit: 250

Fellow's Board Certification*

Please provide the Specialty and Date Completed.

Character Limit: 500

Fellow's Professional Experience*

Please provide the Specialty, type of practice, dates and location.

Character Limit: 10000

Fellow's Faculty Commitment*

Please indicate where the two-year faculty commitment will be fulfilled.

Character Limit: 250

AGREEMENTS

Upon approval of the Clinical Surgery Fellowship application, a Clinical Surgery Fellow's Agreement and a Sponsoring Institution Agreement will be sent. The forms need to be signed and returned to the OMS Foundation.