



Dr. Ramon L. Ruiz Endowed Fellowship in Cleft and Craniofacial Surgery Award Application and Guidelines

FELLOWSHIP PROGRAM APPLICATION FORM

Name of Cleft Craniofacial Fellowship Program: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Program Director's Name: _____

Program Director's Phone: _____

Program Director's Email: _____

AAOMS Member

OMS Foundation Donor

Fellowship Surgical Experience

- The Fellowship must provide a structured, didactic curriculum and broad experience in fundamental areas of cleft, craniofacial and pediatric oral and maxillofacial surgery.
- The program should include anesthetic techniques and perioperative medical management of pediatric surgical patients.
- The Fellowship programs must include a minimum of 20 procedures in each of the below categories for a cumulative surgical experience to include a minimum of 80 procedures to be approved as an OMS Foundation Approved Endowed Fellowship Program.
 - Cleft Lip/Palate Related Surgery (to include primary and secondary procedures)
 - Craniomaxillofacial Surgery to include Orthognathic Surgery, Transcranial Surgery, Reconstruction, Distraction Osteogenesis, and other skeletofacial surgery.
 - Pediatric Hard and Soft Tissue Trauma
 - Hard and Soft Tissue Pathology
- The program should encourage attendance at regional and national meetings that address contemporary issues in education and patient care.
- The program should show evidence of scholarly activity.

Program Director/Teaching Staff

The program must be administered by a director who is board certified.

Submission Instructions

Completed program applications and supporting documents must be submitted to the OMS Foundation via email to Mary Allaire-Schnitzer at mallaire@aaoms.org or contact at 847-233-4315.

Certification and Signature

I certify that the information provided in this program application is accurate and complete to the best of my knowledge. I understand that incomplete or inaccurate applications may result in disqualification.

Program Director Signature: _____ Date: _____