



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

I. PURPOSE

- A. The Dr. Ramon L. Ruiz Endowed Fellowship in Cleft and Craniofacial Surgery honors the memory of Dr. Ramon L. Ruiz, who dedicated his career to advancing pediatric craniomaxillofacial surgery, particularly in the areas of cleft lip and palate repair, craniosynostosis, and complex craniofacial deformities.
- B. The award aims to support a fellow in receiving comprehensive training in pediatric craniofacial surgery and to train the future leaders in the discipline of pediatric cleft and craniofacial surgery, leaders devoted to excellence in pediatric care, research, and education.

II. ELIGIBILITY REQUIREMENTS

- A. Applicants must have completed an oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation (CODA).
- B. Applicants must have secured a position in an accredited craniofacial fellowship program.
- C. The applicant must be a fellow or member of the American Association of Oral and Maxillofacial Surgeons (AAOMS).
- D. The applicant must be a donor of the OMS Foundation.
- E. The applicant must be a citizen or non-citizen national of the United States or its possessions and territories and have been lawfully admitted to the United States or Canada for permanent residence.
- F. Commitment to pursuing a career in pediatric cleft craniofacial surgery.

III. CONDITIONS OF THE AWARD

- A. The maximum disbursement of the award will be \$75,000.
- B. The award will be offered for a period of 12 months.
- C. The period of the award will begin July 1.
- D. The fellowship award will be disbursed directly to the recipient to support their expenses during the cleft and craniofacial fellowship.
- E. The award may be used to support travel to a national or international meeting to present on your fellowship experience.

IV. APPLICATION PROCEDURES

- A. All applications must be submitted online via the OMS Foundation [award management software](#).
- B. Curriculum vitae (CV) including educational background, professional experience, publications, and presentations.
- C. Personal statement (maximum 500 words) outlining their career goals, interest in craniofacial surgery
- D. Letter of acceptance or proof of enrollment in a craniofacial fellowship program.
- E. Two letters of recommendation from individuals familiar with the applicant's academic and professional achievements, emphasizing their potential for contribution to craniofacial surgery.

V. TIMING OF THE APPLICATION

- A. Applications must be submitted online via the OMS Foundation award management software by April 1, 2026 and received by 11:59pm CDT.
- B. Applications following the OMS Foundation application guidelines will only be accepted.
- C. Notifications will be made by June 1, 2026 to all applicants, whether the applicant has been selected for funding.

VI. REVIEW PROCEDURES

- A. Applications will be reviewed by a selection committee appointed by the OMS Foundation.
- B. The committee will evaluate each application based on academic and professional achievements and commitment to cleft craniofacial surgery.
- C. The OMS Foundation Board of Directors will, at its sole discretion, select the Endowed Fellow awardee from recommendations provided by the selection committee.

VII. FINAL PROGRESS REPORT

- A. The recipient must submit a report detailing their experiences gained, and how the fellowship has contributed to their professional development within six (6) months at the conclusion of the fellowship.
- B. The report may be used for publication or promotional purposes by the OMS Foundation.
- C. Failure to submit a report will disqualify the individual from all OMS Foundation awards until the report has been received.



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APPLICATION FORM

Applicant Information

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Degrees: _____ Date of Birth: _____

Phone Number: _____

Email Address: _____

AAOMS Member

OMS Foundation Donor

Citizen or non-citizen national of the United States or its possessions and territories

Curriculum vitae (CV) including educational background, professional experience, publications, and presentations

Personal statement (maximum 500 words) outlining their career goals, interest in craniofacial surgery

Letter of acceptance or proof of enrollment in a craniofacial fellowship program.

Two letters of recommendation from individuals familiar with the applicant's academic and professional achievements, emphasizing their potential for contribution to craniofacial surgery.

Cleft Craniofacial Fellowship Program Information

Name of Cleft Craniofacial Fellowship Program: _____

Program Director's Name: _____

Program Director's Phone: _____

Program Director's Email: _____

Program Start Date: _____ Program End Date: _____

Submission Instructions

Completed applications and supporting documents must be submitted by April 1, 2026 online via the OMS Foundation [award management software](#). For questions, contact the OMS Foundation at 847-233-4315 or via email at info@omsfoundation.org

Certification and Signature

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

Applicant's Signature: _____ Date: _____



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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: _____