



## Florida Foot & Ankle Fellowship Society Application

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**Vision:** The Florida Foot & Ankle Fellowship Society with the support of the Florida Podiatric Medical Association will lead the way in the promotion, coordination and advancement of fellowship training both locally, regionally and nationally.

**Mission:** Our mission is to encourage the growth of fellowship training opportunities in the State of Florida, plant the seeds today for Florida's future thought leaders, innovators, educators and researchers, and promote the advancement of podiatric surgical training and education through advanced fellowship training.

### **Qualifications:**

- ✦ Director must be an active member in good standing with FPMA/APMA.
- ✦ Fellowship site must qualify for ACFAS Fellowship Recognition/Probation and/or involved in a CPME approved program.
- ✦ Director must be responsible of 40% of the fellows training (the remaining 60% can be with adjunctive fellowship faculty)
- ✦ Director must be ABFAS Certified in both Foot Surgery and Rearfoot and Ankle Surgery
- ✦ Fellow must participate in research and submit publishable articles to peer reviewed literature. This can include poster
- ✦ Member must adhere to Fellowship Handbook code of behavior and ethics
- ✦ Program must have 100% participation in the RoundTable of Excellence Webinar Series and provide updated and accurate information for the FFAFS website and Fellowship Directory

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**FELLOWSHIP PROGRAM NAME:** \_\_\_\_\_

**FELLOWSHIP TYPE:**      ✦ Surgical                      ✦ Research                      ✦ Other: \_\_\_\_\_

**PROGRAM DIRECTOR NAME WITH DESIGNATIONS:** \_\_\_\_\_

**PROGRAM DIRECTOR CERTIFICATIONS/CERTIFYING BOARDS:** \_\_\_\_\_

**PROGRAM DIRECTOR CONFLICTS/ CONSULTING/OTHER FINANCIAL RELATIONSHIPS:** \_\_\_\_\_

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**PROGRAM DIRECTOR MEMBERSHIPS:** ✦ APMA/FPMA                      ✦ ACFAS ✦ ASPS                      ✦ OTHER: \_\_\_\_\_

### **PROGRAM DIRECTOR CONTACT INFORMATION:**

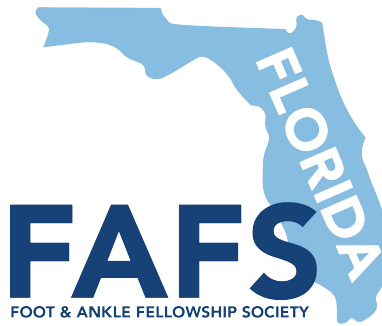
**CLINIC/INSTITUTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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(CITY)    (STATE/PROVINCE)    (POSTAL CODE) (COUNTRY)

**PHONE: OFFICE:** ( \_\_\_\_\_ ) \_\_\_\_\_



## ***Florida Foot & Ankle Fellowship Society Application***

FAX: OFFICE: ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\*OTHER PROGRAM FACULTY (PLEASE INCLUDE DEGREE ABBREVIATIONS, EXAMPLE: DPM, MD, DO): \_\_\_\_\_

### **SPONSORING INSTITUTION CONTACT INFORMATION:**

CLINIC/INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE/PROVINCE) (POSTAL CODE) (COUNTRY)

PHONE: OFFICE: ( \_\_\_\_\_ ) \_\_\_\_\_

FAX: OFFICE: ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

LOCATIONS: \_\_\_\_\_

### **POSITION DETAILS:**

#### **PROGRAM RECOGNITION OR CERTIFICATION:**

✱ ACFAS Recognized      ✱ ACFAS Conditional      ✱ CPME Approved ✱ Other: \_\_\_\_\_

PROGRAM DURATION: \_\_\_\_\_ NUMBER OF POSITIONS: \_\_\_\_\_

PROGRAM START AND END DATES: \_\_\_\_\_ STIPEND: \_\_\_\_\_

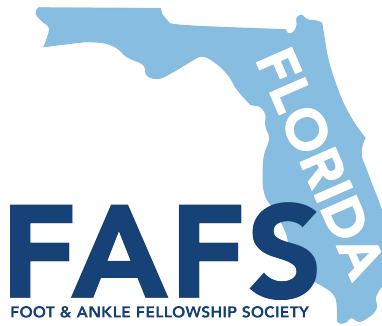
BENEFITS PROVIDED (CME ALLOWANCE/ TRAVEL ALLOWANCE/ INSURANCE/ MEDICAL/ DENTAL/ ETC...):

\_\_\_\_\_  
\_\_\_\_\_

PROGRAM AFFILIATION (If program affiliated or sponsored by a hospital or learning institute, please provide details): \_\_\_\_\_

\_\_\_\_\_  
I ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS REPORT. I AUTHORIZE THE SOCIETY TO MAKE SUCH INQUIRIES AND OBTAIN INFORMATION AS IT DEEMS NECESSARY OR APPROPRIATE TO EVALUATE THIS FELLOWSHIP PROGRAM. I UNDERSTAND THAT THIS INFORMATION WILL REMAIN CONFIDENTIAL. I FURTHER AUTHORIZE ANY HOSPITAL, ANY MEDICAL STAFF, ANY MEDICAL ORGANIZATION AND ANY PERSON, WHO MAY HAVE INFORMATION THAT THE COLLEGE DEEMS RELEVANT TO ITS EVALUATION OF THIS APPLICATION, TO PROVIDE SUCH INFORMATION TO THE SOCIETY UPON ITS REQUEST. Please send form to [KLAMBERT@FPMA.COM](mailto:KLAMBERT@FPMA.COM)

PROGRAM DIRECTOR SIGNATURE: \_\_\_\_\_



## *Florida Foot & Ankle Fellowship Society Application*

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*FUNDING OF PROGRAM (Please lists existing sources of funding for this program):* \_\_\_\_\_

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*RESEARCH ACTIVITIES:* \_\_\_\_\_

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*PROGRAM SUMMARY AND TRAINING GOALS:* \_\_\_\_\_

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*PROGRAM DIRECTOR SIGNATURE:* \_\_\_\_\_

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