



American College of
Foot and Ankle Surgeons

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FACULTY APPLICATION FORM

To be considered for faculty assignment(s), applicant must be an active member of the College (Fellow or Associate) and must have attended ACFAS educational program(s) within the past five (5) years.

Name _____

Address _____

City, State Zip _____

Telephone: _____ Fax: _____

Email: _____

I am *most interested* in serving as a faculty member for (check applicable selection(s)):

___ Annual Scientific Conference ___ Surgical Courses ___ Stand-alone Topic
Specific Programs

I am *most interested* in presenting lectures on the following topics (rank applicable topics in order of preference):

___ Arthroscopy
___ Diabetic Foot
___ Forefoot
___ Rearfoot
___ Trauma
___ Other _____

(Please type or print the following information)

What are your best lectures?

1. _____

2. _____

3. _____

4. _____

5. _____

List your most recent presentations: (topic, date, event, and audience)

1. _____
2. _____
3. _____
4. _____
5. _____

List your most recent or most significant surgical and non-surgical podiatric publications: (title, publication, date published)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

List other areas of podiatric medicine and/or surgical expertise so that your application can be considered as ACFAS expands its current educational offerings.

Please attach your most current curriculum vitae.

I understand that, as a Surgical Skills Course faculty member, a two-day commitment as a lab instructor is required in addition to any lecturer duties.

Signature

Date