



**American College of  
Foot and Ankle Surgeons™**

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## **2010 ACFAS RECOGNIZED FELLOWSHIP PROGRAM APPLICATION**

(PLEASE TYPE OR PRINT LEGIBLY. ALL ITEMS MARKED WITH A STAR WILL BE USED TO LIST APPROVED PROGRAMS AS AN "ACFAS RECOGNIZED FELLOWSHIP")

\*FELLOWSHIP PROGRAM NAME:

\_\_\_\_\_

\*FELLOWSHIP TYPE:

RECONSTRUCTIVE SURGERY  SPORTS FOCUSED  DIABETIC LIMB SALVAGE

OTHER (PLEASE SPECIFY) \_\_\_\_\_

\*PROGRAM DIRECTOR NAME:

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

TELEPHONE: Office (\_\_\_\_\_) \_\_\_\_\_

FAX: Office (\_\_\_\_\_) \_\_\_\_\_

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

\*OTHER PROGRAM FACULTY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*SPONSORING INSTITUTION CONTACT INFORMATION:**

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

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

\_\_\_\_\_

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

TELEPHONE: Office (\_\_\_\_\_) \_\_\_\_\_

FAX: Office (\_\_\_\_\_) \_\_\_\_\_

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

WEB SITE: \_\_\_\_\_

POSITION LOCATION(S): \_\_\_\_\_

\_\_\_\_\_

**\*POSITION DETAILS:**

PROGRAM DURATION: \_\_\_\_\_

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

APPLICATION DEADLINE: \_\_\_\_\_

STIPEND: \_\_\_\_\_

BENEFITS PROVIDED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*NUMBER/TYPE OF POSITIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*RESEARCH REQUIREMENTS:**

\_\_\_\_\_

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