



FACULTY APPLICATION FORM

To be considered for faculty assignment(s), applicant must be an active Fellow member of the College, have attended ACFAS educational program(s) within the past three (3) years, and must have been in practice a minimum of 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 Specialty Seminars

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

- Arthroscopy
 Diabetic Foot
 Forefoot
 Rearfoot
 Trauma
 Reconstructive
 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