



**Michael J. Cornelison, DPM, FACFAS  
(Incumbent)  
Cupertino, California**

**Academic Background:**

- B.S., Physiological Science, University of California at Los Angeles, 1992
- DPM, Summa Cum Laude, Dr. William M. Scholl College of Podiatric Medicine, 1997
- Podiatric Surgical Residency, INOVA/Northern Virginia Podiatric Residency, 1997-2000
- Attending Surgical Instructor, DVAMC-Palo Alto PM&S Residency, 2000-present
- Faculty, O'Connor Hospital Primary Sports Medicine Fellowship, 2004-present
- Chief, Department of Podiatry, El Camino Hospital, Mountain View, CA 2006-07

**Diplomate, American Board of Foot and Ankle Surgery, 2004  
Fellow, American College of Foot and Ankle Surgeons, 2004**

**ACFAS Leadership Experience:**

- Board of Directors, 2017-present
- Professional Relations Committee: Chair, 2016-17; Member, 2015-17
- Consumer Education Committee: Chair, 2013-15; Member, 2011-15
- Nominating Committee: Member, 2015

**Professional Experience:**

- Frequent speaker and facilitator at local, regional, and national scientific and professional advocacy meetings.
- CPMA/CMA/COA/OPSC Joint Task Force on the Physicians and Surgeons Certificate, 2011-present.
- ABFAS Case Review Committee, 2016.
- California Podiatric Medical Association Board of Directors, 2006-09, President 2010.
- PICA Underwriting Committee, 2011-present
- Participation in multiple committees of the American Podiatric Medical Association.
- APMA House of Delegates and Committees, 2002-present

**Current Position:** President, Cupertino Podiatry, Inc., private practice.

**Position Statement:**

Historically, the advancement of our specialty has frequently been stalled by numerous barriers. While the healthcare world has expected us to keep up with its own evolution, the walls we've faced have been difficult to climb and have forced us to focus our collective resources in doing

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## **Michael Cornelison, DPM, FACFAS – continued**

so. However, it is quite remarkable that over the past few years we have started to see those barriers slowly chipped away.

Physicians in other specialties have begun to not just recognize the extent of our education and training, but to appreciate it, leading to new collaborative efforts and a better understanding of our functional place in the healthcare delivery system. Within our own family of professional organizations, there appears to be a rekindling of appreciation of common goals, fostering more collaboration in efforts to benefit podiatric foot and ankle surgeons.

There is still much left to accomplish. New challenges often arise in the pursuit of progress, and while some of these challenges can be anticipated, there may be others that cannot. This necessitates leadership that is not only well-rooted in the strategic pillars that have been cultivated with care and professionalism through the history of the College, but that also can be nimble enough to predict the challenges that may lie ahead and to adapt to address them as they occur. Leadership must recognize the diversity borne out of significant progress and be able to foster continued change while maintaining the identity of a truly unique profession, grounded in our history and bolstered by the trailblazing of our predecessors. It will be important to recognize the burden that pursuit of recognition of professional equivalency will place on our institutions and scientific culture as life-long learners, and to facilitate their abilities to embrace it. Finally, it is essential that while the path is forged for the success of our future fellows, that we not leave our established colleagues in its wake.

During my tenure on the Board of Directors, I've had the opportunity to be a part of a team of leaders who grasp these challenges and the accountability to the College's membership that comes with them. In particular, I have had the opportunity to participate on ACFAS's behalf on the Joint Task Force of Podiatric and Orthopaedic Surgeons – composed of ACFAS, APMA, AAOS, and AOFAS – where my experience with the California joint licensing project has been helpful in addressing discrepancies between podiatric and other physician licensure. In addition, I believe my perspective as a part owner of a small private single-specialty practice will continue to provide diversity on the ACFAS Board, reflecting the constantly-evolving range of practice types represented by the College's membership.

I would be honored to continue to serve the College at such a pivotal time in the history of the specialty of podiatric foot and ankle surgery. Thank you for your support.