



FACULTY APPLICATION FORM

Faculty Prerequisites:

- **Must be licensed, in active practice**
- **Fellow member of the College**
- **Have attended ACFAS educational program(s) within the past three (3) years**
- **Has been in practice a minimum of 5 years**

Name _____

Address _____

City, State Zip _____

Daytime Telephone: _____ Fax: _____

Email: _____

I am licensed in the following state(s): _____

I am in active practice (seeing patients for 20+ hours per week) **Yes** **No**

I have been in practice a minimum of 5 years

List the most recent ACFAS Education programs you have attended:

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

- | | |
|---|---|
| <input type="checkbox"/> Annual Scientific Conference | <input type="checkbox"/> Surgical Courses |
| <input type="checkbox"/> Practice Management | <input type="checkbox"/> Specialty Seminars |

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

- | | |
|-------------------|--------------------|
| ___ Achilles | ___ Pediatrics |
| ___ Arthroscopy | ___ Plastics |
| ___ Complications | ___ Sports |
| ___ Diabetic Foot | ___ Rearfoot |
| ___ Forefoot | ___ Reconstructive |
| ___ Medicine | ___ Trauma |
| ___ Other _____ | |

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.

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. Invited faculty applicants must sign ACFAS Financial Conflict/Duality of Interest Disclosure and Speaker Agreement forms.

Signature

Date

Recommended by (if applicable):
