

Host center application form

1: Contact information

Host center contact information

Name of hospital

Street address

Telephone

Postcode/zip code

Website address

City

Country

State/region

Host center

Practice settings

Department

Department name

Head of craniomaxillofacial (CMF) department/center

Family name

E-mail address

First name

Telephone

Second contact

Family name

E-mail address

First name

Telephone

Third contact

Family name

E-mail address

First name

Telephone

AO CMF faculty members

Number of AO CMF faculty members

AO CMF faculty members

2: Department information

Department information

Number of beds in department

How many patients visit the outpatient clinic per week?

Number of cases per year

Total surgical cases per year

Subspecialties available to the fellow

Number of cases per year.

Trauma		Implant/preprosthetic	
Oncological and microvascular flap reconstruction		Aesthetic surgery	
Orthognatic surgery		Temporomandibular joint (TMJ)	
Cleft and pediatric syndromic surgery		3D virtual planning and patient-specific implants	
Orbit and adult craniofacial			

Additional subspecialties

Other activities

Other hospital activities in which an interested fellow could participate

Scrub in

Is there an opportunity for the AO Fellows to scrub in?

If yes, is there any additional / special license required to scrub in?

If no, please explain why this is not possible?

After-hours duties

Will the fellow be called in for after-hours emergencies?

Languages

What is the dominant language spoken in the operating room?

English written*

English spoken*

*Level of proficiency

1 equaling basic - 5 equaling proficient

3: Fellowship coordination

Surgeon in charge of fellows

Family name

First name

E-mail address

Telephone

Fellowship coordination

How many AO CMF Fellows can the hospital support over one year?

If yes, how many fellows at a time can be supported?

Can the hospital support more than one AO CMF Fellow at a time?

Time frame

1. Beginning in

2. Beginning in

1. Ending in

2. Ending in

Which months are unsuitable to host a fellow?

Duration

Minimum duration of fellowship

Maximum duration of fellowship

Fellow requirement by the hospital

What level of English language proficiency do you require the fellow to have achieved?

*Level of proficiency

1 equaling basic - 5 equaling proficient

English written*

English spoken*

What other information, documents, or vaccines do you require the fellow to provide?

Do you charge an application processing fee?

Fee amount?

Please give a brief explanation of this fee.

4: Accommodations

Accommodation

Does the hospital have on-site accommodation? ☐

If yes, what is the approximate rent of the room per week?

Contact family name

Contact E-mail

Contact first name

If no, what accommodation options are available privately?

Distance to hospital

Remarks

Additional notes and remarks