



European Academy of Facial Plastic Surgery
Board of education

Send complete typed application form and attachments to

Garyfalia Lekakis (EAFPS Board of Education Secretary)
Email: fellowshipprogram@eafps.org

APPLICATION FOR EAFPS FELLOWSHIP

A. Mandatory requirements

I am currently a member of the EAFPS	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have completed a residency programme in Otorhinolaryngology or General Plastic Surgery or Maxillofacial surgery (must have MD)	<input type="checkbox"/> YES <input type="checkbox"/> NO
I am currently a resident in Europe or a neighboring country	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have written support for this fellowship from my current department head	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have written support for this fellowship of two current EAFPS members	<input type="checkbox"/> YES <input type="checkbox"/> NO

If one or more of the above checkboxes are marked NO, then unfortunately the EAFPS Board of Education is not able to provide you an EAFPS approved fellowship program.

B. Application form

Name	
Correspondence address	
Telephone number	
Email address	
Current appointment	
Head of department	
Specialty	<input type="checkbox"/> ORL/HNS <input type="checkbox"/> ENT <input type="checkbox"/> General Plastic Surgery <input type="checkbox"/> Maxillofacial surgery with MD
No. of years in specialist surgical training	

C. Current experience in Facial Plastic Surgery

C1. I have papers or book chapters published in Facial Plastic Surgery	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C2. I have performed research projects in Facial Plastic Surgery	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C3. I have visited Facial Plastic Surgery Units	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C4. I attended Facial Plastic Surgery Courses	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C5. I attended Facial Plastic Surgery Meetings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C6. I have Facial Plastic Surgical skills	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If one or more of the above checkboxes are marked YES, then please complete each corresponding section below.

C1. Published peer-reviewed papers, written in the English language and/or book chapters written in the English language that are about Facial Plastic and Reconstructive Surgery

Authors
Title
Magazine / book
Year of publication
Authors
Title
Magazine / book
Year of publication
Authors
Title
Magazine / book
Year of publication
Authors
Title
Magazine / book
Year of publication

C2. Research Projects in Facial Plastic Surgery

Name of project	
Timeframe in year(s)	
Project members	
My role in this project	

C3. Facial Plastic Surgery Units Visited in the European Unit

Name of Unit		
Name of surgeon/mentor visited		
Timeframe	From:	<input type="checkbox"/> working visit (1-4 weeks)
	To:	<input type="checkbox"/> observership (1-3 months)
Name of Unit		
Name of surgeon/mentor visited		
Timeframe	From:	<input type="checkbox"/> working visit (1-4 weeks)
	To:	<input type="checkbox"/> observership (1-3 months)
Name of Unit		
Name of surgeon/mentor visited		
Timeframe	From:	<input type="checkbox"/> working visit (1-4 weeks)
	To:	<input type="checkbox"/> observership (1-3 months)
Name of Unit		
Name of surgeon/mentor visited		
Timeframe	From:	<input type="checkbox"/> working visit (1-4 weeks)
	To:	<input type="checkbox"/> observership (1-3 months)

C4. Facial Plastic Surgery Courses Attended in the European Unit

Name and edition of Course	
Date and location of Course	
EAFPS accredited Course	<input type="checkbox"/> yes <input type="checkbox"/> no
Hands-on training (2 days or more)	<input type="checkbox"/> yes <input type="checkbox"/> no
Name and edition of Course	
Date and location of Course	
EAFPS accredited Course	<input type="checkbox"/> yes <input type="checkbox"/> no
Hands-on training (2 days or more)	<input type="checkbox"/> yes <input type="checkbox"/> no
Name and edition of Course	
Date and location of Course	
EAFPS accredited Course	<input type="checkbox"/> yes <input type="checkbox"/> no
Hands-on training (2 days or more)	<input type="checkbox"/> yes <input type="checkbox"/> no
Name and edition of Course	
Date and location of Course	
EAFPS accredited Course	<input type="checkbox"/> yes <input type="checkbox"/> no
Hands-on training (2 days or more)	<input type="checkbox"/> yes <input type="checkbox"/> no

C5. Facial Plastic Surgery Meetings Attended

Name and edition of Meeting	
Date and location of Meeting	
Name and edition of Course	
Date and location of Meeting	
Name and edition of Course	
Date and location of Meeting	

C6. Facial Plastic Surgery Operation LOG

Operation	No. of cases	Observed	Assisted	Performed
Rhinoplasty				
Otoplasty				
Face lift				
Forehead lift				
Blepharoplasty				
Facial neoplastic/malignancy resection and reconstruction				
Nasal reconstruction				
Congenital anomaly craniofacial surgery				
Cutaneous laser procedures				
Non-surgical rejuvenation procedures				
Midface lift				
Neck rejuvenation				
Chin implants				
FUE hair transplantation				
Face lift with treads				
Facial nerve reanimation				
Bimaxillar osteotomy				
Facial trauma surgery				
Total Ear Reconstruction				
Head and Neck Free Flap Reconstruction				
Total				

D. Fellowship Program

Time frame	Mentor	Location	
<i>3 months minimum</i>			<input type="checkbox"/> observership <input type="checkbox"/> fellowship
<i>3 months minimum</i>			<input type="checkbox"/> observership <input type="checkbox"/> fellowship
<i>3 months minimum</i>			<input type="checkbox"/> observership <input type="checkbox"/> fellowship
<i>3 months minimum</i>			<input type="checkbox"/> observership <input type="checkbox"/> fellowship

E. Status of EBCFPRS (London) Exam

- ☐ passed in the year *(enclose copy of certificate with application)*
- ☐ will sit the exam after the fellowship
- ☐ other,