

# **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 for more than 2 years	☐ YES	□ NO
I have completed a residency programme in Otorhinolaryngology or General Plastic Surgery or Maxillofacial surgery (must have MD)	□ YES	□ NO
I am currently a resident in Europe or a neighboring country	☐ YES	□ NO
I am adding my motivation letter to became a facial plastic surgeon (maximum 500 words)	☐ YES	□ NO
I have written support for this fellowship of two current EAFPS members  (at least one must be Board Certified in Facial Plastic Surgery)	☐ YES	□ 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. <u>Please attach the corresponding documents.</u>

### B. Application form

Name	
Correspondence address	
Telephone number	
Email address	
Current appointment	
Specialty	— ODI (IN 10 (DI III)
1 /	□ ORL/HNS (ENT)
	□ Plastic Surgery
	☐ Maxillofacial Surgery (MD)
No. of years in specialist surgical training	

C.	Current exper	ience in F	acial Pl	astic Surgery	(FPS)
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C1. I have papers or book chapters publis	hed in FPS	☐ YES	□ NO
C2. I have performed research projects in	FPS	☐ YES	□ №
C3. I have completed a masters degree or o	ther postgraduate diploma in FPS or Aesthetic Medicine	☐ YES	□ №
C4. I have visited FPS Units		☐ YES	□ №
C5. I attended FPS Courses		☐ YES	□ №
C6. I attended FPS Meetings		☐ YES	□ №
C7. I have FPSskills		☐ YES	□ NO
documents.  C1. Published peer-reviewed pap	neckboxes are marked YES, then please atta ers, written in the <u>English language</u> and/or bo ut Facial Plastic and Reconstructive Surgery		
Authors			
Title			
Magazine / book			
(Use this format for each paper)			
C2. Research Projects in Facial Pla	astic Surgery		
Name of project			
, ,			
Timeframe in year(s)			
, ,			

## C3. Masters degree or other postgraduate diploma in FPS or Aesthetic Medicine

Field fo Expertise			
Accredited by			
Timeframe			
(Attach a copy of the Diploma)			
C4. Facial Plastic Surgery Units Vis	sited in a European Unit (or IFFPSS credited Unit)		
Name of Unit			
Name of surgeon/mentor visited			
Timeframe	From:		
	То:		
(Use this format for each Visit)			
C5. Facial Plastic Surgery Courses	Attended		
Name and edition of Course			
Date and location of Course			
EAFPS accredited Course	☐ yes ☐ no		
Hands-on training (2 days or more)	☐ yes ☐ no		
(Use this format for each Course			
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C6. Facial Plastic Surgery Meetings	Attended		
Name and edition of Meeting			
Date and location of Meeting			

(Use this format for each Meeting

# C7. 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				