

AO ASIF Maxillofacial Faculty Application

NAME/OFFICE ADDRESS

Last _____ First _____ Middle Initial _____ Degree _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____
Telephone (_____) _____ Fax (_____) _____ E-mail _____

HOME ADDRESS

Street _____ Apt. # _____
City _____ State _____ Zip Code _____
Telephone (_____) _____ Fax (_____) _____
Date of Birth _____ Citizenship _____
University Affiliation _____
Title _____

HOSPITAL AFFILIATIONS

1. _____
2. _____
3. _____
4. _____

EDUCATION

DEGREE AND DATE GRADUATED

Undergraduate _____	_____
Medical School _____	_____
Internship _____	_____
Residency Training _____	_____
Fellowship Training _____	_____

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If you have taken an AO Fellowship, please indicate dates and locations:

AO ASIF COURSES ATTENDED

Course Type	Date	Location
Basic (Regional)	_____	_____
Advanced	_____	_____
Other	_____	_____

Approximate number of craniomaxillofacial stable internal fixation cases per month _____

PRACTICE PROFILE *(Please assign a percentage to each category.)*

Trauma/Fractures	_____
Adult Reconstruction Tumor	_____
Orthognathic	_____
Pediatric Reconstruction	_____
Other	_____

TEACHING EXPERIENCE

AO ASIF Maxillofacial Faculty Application

LECTURING LANGUAGES

	Fluent	Only with Manuscript
English	_____	_____
French	_____	_____
Spanish	_____	_____
German	_____	_____
Italian	_____	_____
Other	_____	_____

LECTURING TOPICS/PREFERENCE *(Please note the degree of preference for lecture topics.)*

	EXPERIENCE		
	NONE	LITTLE	HIGH
ANATOMY/SURGICAL APPROACHES:			
• Mandibular Exposure	_____	_____	_____
• Subcranial Exposure	_____	_____	_____
• Osteotomies for Skull Base Exposure	_____	_____	_____
Atrophic Mandible	_____	_____	_____
Biomechanics	_____	_____	_____
Bioresorbables	_____	_____	_____
Bone Physiology/Fracture Healing	_____	_____	_____
COMPLICATIONS/ERRORS IN INTERNAL FIXATION:			
• Infections/Wound Dehiscence	_____	_____	_____
• Neglected Fractures	_____	_____	_____
• Nerve Injuries	_____	_____	_____
• Pseudoarthrosis/Nonunion	_____	_____	_____
Controversies in Internal Fixation	_____	_____	_____
Design and Function of Instruments	_____	_____	_____
Design and Function of Screws	_____	_____	_____
DIAGNOSTICS:			
• CTs, Radiographs, Imaging Techniques	_____	_____	_____
• Distraction Osteogenesis	_____	_____	_____

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LECTURING TOPICS/PREFERENCE

	EXPERIENCE		
	NONE	LITTLE	HIGH
FRACTURE TREATMENT:			
• Condylar Neck	_____	_____	_____
• Mandible	_____	_____	_____
• Midface	_____	_____	_____
• Nasoethmoid	_____	_____	_____
• Neurocranium	_____	_____	_____
• Orbit	_____	_____	_____
• Complex Fractures	_____	_____	_____
Gunshot Wounds	_____	_____	_____
Metallurgy/Compatibility of Implants	_____	_____	_____
ORTHOGNATHIC SURGERY:			
• Condylar Positioning	_____	_____	_____
• Maxillofacial Osteotomies	_____	_____	_____
Midfacial Osteotomies	_____	_____	_____
• Sagittal Split Osteotomy	_____	_____	_____
• Two Jaw Osteotomies	_____	_____	_____
Congenital Craniofacial Surgery	_____	_____	_____
Plate Removal: Pros and Cons	_____	_____	_____
Prosthesis, Condylar	_____	_____	_____
Radiation and Implants	_____	_____	_____
RECONSTRUCTIVE SURGERY:			
• Mandible	_____	_____	_____
• Midface	_____	_____	_____
• Neurocranium	_____	_____	_____
• Pediatric	_____	_____	_____
• Thorp/Reconstruction Plate	_____	_____	_____
Skull Base	_____	_____	_____
TRANSPLANTS:			
• Alloplastics	_____	_____	_____
• Bone	_____	_____	_____
• Microvascular Flaps	_____	_____	_____

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LECTURING TOPICS/PREFERENCE

	EXPERIENCE		
	NONE	LITTLE	HIGH
TUMORS:			
• Bone	_____	_____	_____
• Mucosal	_____	_____	_____
• Soft Tissue	_____	_____	_____

PLEASE RELATE ANY SPECIAL QUALIFICATIONS OR INTERESTS

PLEASE ATTACH: A current curriculum vitae, including scientific publications and presentations in the area of maxillofacial surgery, a surgical case list indicating use of AO technique for most recent 12 months, and two letters of recommendation from senior AO ASIF faculty members.

If you have any questions, please contact the AO ASIF Continuing Education Office at 1-800-769-1391, ext. 7358.

After completing, please mail to:

AO ASIF Continuing Education Office
1690 Russell Road
P.O. Box 1766
Paoli, PA 19301-0800

