



OMFS APP 1100
AVDC Oral & Maxillofacial Surgery (Small Animal) Fellowship Candidate Registration Form

Please complete this registration form for each Fellow Candidate. It will be reviewed by the AVDC OMFS Small Animal Fellowship Oversight Committee (FOC). You will receive a response within 30 days of submitting the application.

If you have questions about this application, please contact the Chair of the AVDC OMFS FOC, or Dr. Sandra Manfra Marretta, s-manfra@illinois.edu.

Fellow Candidate AVDC OMFS:

Name: _____

Address: _____

Phone: _____

Email: _____

Fellowship Training Program Institution:

Name: _____

Address: _____

Phone: _____

Email: _____

Fellowship Program Director:

Name: _____

Address: _____

Phone: _____

Email: _____

Fellowship Primary Mentor:

Name: _____

Address: _____

Phone: _____

Email: _____

Supervising Mentor:

Name: _____

Address: _____

Phone: _____

Email: _____

Radiation Oncology and Medical Oncology Supporting Program Faculty:

Name: _____

Address: _____

Phone: _____

Email: _____

List the names of other Program Supporting Faculty (radiation oncology, medical oncology, surgical oncology, radiology, pathology, surgery, etc.):

List the regularly scheduled didactic programs that will be attended by the Fellow Candidate including case conferences/journal clubs covering OMFS, basic science, and clinical research.

List the names of at least 2 multi-day AO (or equivalent) standard and miniplate courses that include practical sessions that the Fellow Candidate will attend.

List the names of the equivalent of 2 full days of advanced courses in OMF disorders or surgery (ie., pathology or advanced AO courses) that the Fellow will attend.

Is this Proposal for a Full-Time or Part-Time Intermittent AVDC OMFS Fellowship Program?

Full-Time _____ Part-Time _____

What are the proposed dates of this proposed program (start and end dates)?

Start Date: _____ End Date: _____

Outline the activities that the Fellow Candidate will take part in throughout the Fellowship Program.

Fellowship Training Agreement:

The Candidate agrees to enroll in an AVDC Oral and Maxillofacial Fellowship Program. The primary training institution for this Fellowship program is (list the primary training institution here). List the Primary Director, Supervising Mentor and Primary Mentors for the duration of the fellowship program:

Primary Mentor:

Signature: _____

Print Name: _____

Date: _____

Program Director:

Signature: _____

Print Name: _____

Date: _____

Supervising Mentor:

Signature: _____

Print Name: _____

Date: _____

Statement of Compliance

Candidate agrees to undertake the role of Fellow Candidate AVDC OMFS. Candidate

will undertake his/her clinical role with utmost integrity, care, professionalism and responsibility to the institution and the patients whom they serve. The Candidate will maintain all licensing requirements to practice veterinary medicine and shall remain a member in good standing in the American Veterinary Dental College.

The Candidate agrees to be enrolled in the Fellowship from, (Start Date-End Date) during which time candidate will complete the Fellowship requirements as outlined in the AVDC OMFS Fellowship Minimum Standards Guidelines document.

Fellow Candidate:

Signature: _____

Print Name: _____

Date: _____

Any Additional Information Regarding Applicant: