



**EAFPS** | THE EUROPEAN ACADEMY  
OF FACIAL PLASTIC SURGERY

## **EAFPS Fellowship Application Form – European Candidate**

Please submit a completed, typed application form together with all mandatory attachments to:

**EAFPS Director of Education**

Email [fellowship@eafps.org](mailto:fellowship@eafps.org)

**V020226**

**A. Mandatory requirements and attachments**

I am currently a member of the EAFPS and have included payment confirmation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have completed a residency programme in Otorhinolaryngology or General Plastic Surgery in <b>Europe, Turkey, or the United Kingdom</b> , and have included a copy of my diploma.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I currently reside in Europe, Turkey, or the United Kingdom.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have included written and signed letters of support for this fellowship from two current EAFPS members.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have included my motivation letter outlining my intention to become a Facial Plastic Surgeon (maximum 500 words).	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have included my CV/resume	<input type="checkbox"/> YES <input type="checkbox"/> NO

**If one or more of the above checkboxes are marked “NO”, the EAFPS Board of Education is unfortunately unable at this time to consider you as a European candidate for an EAFPS-approved fellowship programme.**

## B. Application form

Name and highest medical degree			
Correspondence address			
Telephone number			
Email address			
Current appointment / position			
Competed Specialty in Europe	<input type="checkbox"/> ORL/HNS	<input type="checkbox"/> OFMS (MD only)	<input type="checkbox"/> Plastic Surgery

## C. Current experience in Facial Plastic Surgery

C1. I have published papers or book chapters in Facial Plastic Surgery	<input type="checkbox"/> YES <input type="checkbox"/> NO
C2. I have undertaken 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 have 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 possess developed 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 the corresponding section(s) below.**

**C1. Published peer-reviewed papers and/or book chapters, written in English, that focus on Facial Plastic and Reconstructive Surgery.**

Authors	
Title	
Journal / Book	
Year of Publication	
Authors	
Title	
Journal / Book	
Year of Publication	
Authors	
Title	
Journal / Book	
Year of Publication	
Authors	
Title	
Journal / Book	
Year of Publication	

**C2. Research Projects in Facial Plastic Surgery**

Project Title / Name	
Timeframe (in years)	
Project Members	
My Role in the project	

### C3. Facial Plastic Surgery Units Visited in Europe

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**

Course Name and Edition	
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
Course Name and Edition	
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
Course Name and Edition	
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**

Meeting Name and Edition	
Date and Location of Meeting	
Meeting Name and Edition	
Date and Location of Meeting	
Meeting Name and Edition	
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				
<b>Total</b>				

**D. My Preferred Fellowship Program**

I have already been accepted into a fellowship, by fellowship director .....

and will start / have already started on (date) .....

I have not been accepted for a fellowship yet (fill out preferred fellowship program below. Also fill in second or third choice, should the first fellowship be unavailable)

My earliest available start date for the fellowship is (date) .....

Time frame	Fellowship Director	Location	Intended stay
<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 EBEC-FPRS Exam**

**For more information about the EBEC-FPRS Exam, please visit [www.ebec-fprs.org](http://www.ebec-fprs.org)**

- I passed the EBEC-FPRS exam in the year ..... (enclose copy of diploma)
- I will sit the exam after the fellowship
- other, .....