



**Application to Establish a Fellowship Training Center for
ACVS Oral & Maxillofacial Surgery, Small Animal**

Founding Fellow or Fellow of the ACVS Founding Oral & Maxillofacial Surgery Fellowship, Small Animal (OMFS-SA) present at the Institution/Practice:

Name (print): _____

Phone: _____

Email _____

Date: _____

Institution / Practice: _____

Institution / Practice Address: _____

Please complete the following questionnaire. It will be reviewed by the ACVS OMFS-SA 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 ACVS OMFS-SA FOC, Dr. Sandra Manfra Marretta, s-manfra@illinois.edu.

1. How many ACVS OMFS-SA Founding Fellows or Fellows are present at your institution/practice?

2. Is there an on-site or off-site American College of Veterinary Radiology (ACVR) or European College of Veterinary Diagnostic Imaging (ECVDI) board certified radiologist(s)? (Name and Address)
3. Are there emergency and critical care facilities? (Name and Address)

4. Are there on-site or off-site American College of Veterinary Anesthesia and Analgesia (ACVAA) or European College of Veterinary Anesthesia and Analgesia (ECVAA) Diplomate anesthesiologist(s)?
5. How will the required rotation in dentistry and oral surgery be achieved (ie. 4-week rotation with an AVDC Fellow or OMFS-SA Founding Fellow or a total of 8 weeks with an AVDC Diplomate in Dentistry and Oral Surgery) and what is the name and address of the person providing this required experience?
6. How will the required rotation in medical and radiation oncology be achieved (ie. 2-week rotation with an ACVIM (Oncology) Diplomate and an ACVR (Radiation Oncology) Diplomate and what is the name and address of the person(s) providing this required experience?
7. How many oral & maxillofacial surgeries are you performing per year? _____
List the approximate total number for all that apply.
- _____ Surgical treatment of oral & facial tumors requiring mandibulectomy
 - _____ Surgical treatment of oral & facial tumors requiring maxillectomy
 - _____ Surgical repair of palatal defects
 - _____ Treatment of maxillary and/or mandibular fractures
 - _____ Treatment of salivary gland disorders
 - _____ Treatment of traumatic/surgical defects using various flaps
 - _____ Surgical extractions and management of extraction problems
 - _____ Treatment of soft tissue neoplasms not requiring ostectomy
 - _____ Treatment of traumatic soft tissue injuries (lip avulsions/lacerations)
 - _____ Treatment of temporomandibular joint apparatus conditions
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