

# ALIGNED ORAL AND FACIAL SURGERY (AOFS)

## Fellowship Application

Orthognathic, TMJ, and Facial Aesthetic Surgery Fellowship

Program Term: July 1, 2027 – June 30, 2028

## SECTION 1. APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Citizenship Status:

U.S. Citizen  Permanent Resident  Visa (Type): \_\_\_\_\_

## SECTION 2. EDUCATION & TRAINING

**Dental Degree (DDS/DMD)**

Institution: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Honors/Awards: \_\_\_\_\_

**Medical Degree (if applicable)**

Institution: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

**Residency Training (OMS or related)**

Program: \_\_\_\_\_

Institution: \_\_\_\_\_

Dates: \_\_\_\_\_

Type:  4-year  6-year  Other: \_\_\_\_\_

**Additional Fellowships (if any)**

\_\_\_\_\_

**SECTION 3. LICENSURE & CERTIFICATIONS**

State Dental License(s): \_\_\_\_\_

DEA License:  Yes  No

ACLS:  Yes  No | Expiration: \_\_\_\_\_

BLS:  Yes  No

American Board of Oral and Maxillofacial Status:

Board Eligible

Board Certified (Date: \_\_\_\_\_)

## **SECTION 4. CLINICAL EXPERIENCE LOG (Final year of residency or private practice if more than 3 years from completion of residency)**

<b>Procedure</b>	<b>Volume</b>
Le Fort I	_____
BSSO	_____
SARPE	_____
TMJ Arthroplasty/ TJR	_____
Zygomatic Implants	_____
Pterygoid Implants	_____
Facial Cosmetics	_____
IV Sedation Cases	_____

Describe your level autonomy in orthognathic surgery:

Describe your experience with VSP:

## **SECTION 5. RESEARCH & ACADEMICS**

- Publications (Peer-reviewed):
  
- Presentations (Local/National):
  
- Ongoing Research Interests:

## **SECTION 6. PERSONAL STATEMENT (limit 750 words)**

Please describe:

- Your career goals in OMS  
\_\_\_\_\_
- Interest in orthognathic, TMJ, and facial aesthetic surgery  
\_\_\_\_\_
- Why you are applying to AOFS specifically  
\_\_\_\_\_
- Long-term vision (private practice, academia, hybrid)  
\_\_\_\_\_

## **SECTION 7. References (Name and email)**

- Program Director or Chairman
- Orthognathic/TMJ faculty (preferred)
- Additional clinical or academic reference

1.

2.

3.

## **SECTION 8. CLINICAL JUDGMENT (SHORT ANSWER)**

Short Answer (high-yield screening section):

1. Orthognathic Case Selection:  
How do you determine when surgery is indicated vs orthodontic camouflage?
2. TMJ Management:  
Outline your algorithm for treating a patient with TMJ pain and degenerative joint disease.
3. Aesthetic Judgment:  
How do you balance functional and aesthetic goals in orthognathic surgery?

4. **Complication Management:**  
Describe a complication you encountered and how you managed it.

## 9. TECHNICAL SKILLS

- Experience with CBCT planning software: \_\_\_\_\_
- Experience with VSP platforms (e.g. 3D Systems, MedCad, KLS Martin): \_\_\_\_\_
- EMR Experience (e.g., DSN Software, OMS Vision, EPIC): \_\_\_\_\_
- Comfort with private practice workflow:  High  Moderate  Limited

## SECTION 10. DISCLOSURES

Dental or Medical Board Disciplinary Action:  Yes  No

If yes: \_\_\_\_\_

Loss or limitation of hospital privileges:  Yes  No

If yes: \_\_\_\_\_

Malpractice History:  Yes  No

If yes: \_\_\_\_\_

DEA license infraction:  Yes  No

If yes: \_\_\_\_\_

Felony history:  Yes  No

If yes: \_\_\_\_\_

Will you submit to a background check?  Yes  No

## **SECTION 11. AVAILABILITY**

Available Start Date: \_\_\_\_\_

Will you commit to a full program duration?  Yes  No

## **SECTION 12. ASSOCIATE PATHWAY INTEREST**

AOFS may offer a post-fellowship associate or buy-in opportunity.

Yes, I am interested

No

Open to discussion

## **SECTION 13. SIGNATURE**

I certify that the information provided is accurate and complete.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ADMINISTRATIVE NOTES (Internal Use Only)

Applicant Scorecard (AOFS Use):

- Clinical Strength (1–5): \_\_\_\_\_
- Orthognathic Skillset: \_\_\_\_\_
- TMJ Exposure: \_\_\_\_\_
- Aesthetic Potential: \_\_\_\_\_
- Cultural Fit: \_\_\_\_\_
- Overall Rank: \_\_\_\_\_