



# IFHNS

## International Fellowship in Head and Neck Surgery

### Application for Accreditation of a Fellowship Program

#### INSTITUTIONAL INFORMATION

Name of the Institution: \_\_\_\_\_

Address of the Institution: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Name of the Department: \_\_\_\_\_

Name of the Division: \_\_\_\_\_

Name of the Program: \_\_\_\_\_

Name of the Program Director / Dept. Chairperson: \_\_\_\_\_

#### CONTACT OF PROGRAM DIRECTOR

E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Number of Fellowship positions for which accreditation is requested: \_\_\_\_\_

#### RESOURCES

Institutional: Number of Hospital Beds: \_\_\_\_\_

Are both inpatient and outpatient facilities available? ☐ Yes ☐ No

Hospital Beds available for Head and Neck patients: \_\_\_\_\_

Number of operating rooms available for Head and Neck every week: \_\_\_\_\_

Availability of Operating microscopes ☐ Yes ☐ No Lasers ☐ Yes ☐ No Robots ☐ Yes ☐ No

Full-service pathology department. ☐ Yes ☐ No Recovery room / I C U available. ☐ Yes ☐ No

Please explain if the answer is "No" to any of the above: \_\_\_\_\_

Diagnostic Radiology Department. ☐ Yes ☐ No

Nuclear Medicine department. ☐ Yes ☐ No

Library and conference rooms. ☐ Yes ☐ No

Office space / meeting rooms. ☐ Yes ☐ No

## IFHNS PROGRAM

Number of Fellowships positions available: \_\_\_\_\_

Number of Fellowship positions available for the IFHNS program: \_\_\_\_\_

Duration of Fellowship: ☐ 1 Year ☐ 2 Year

### **SURGERY**

Number of Head and Neck Surgeons on faculty: \_\_\_\_\_

Names of Head and Neck Surgeons: \_\_\_\_\_

Number of Reconstructive surgeons on faculty: \_\_\_\_\_

Number of Head and Neck Operations done during past year: \_\_\_\_\_

Please submit a log of the procedures done and number of each

Number of cases available for the fellow to do independently and under supervision: \_\_\_\_\_

Are there in house teaching sessions ? Lectures, case conferences, journal clubs etc.: \_\_\_\_\_

(Please give a narrative of in house educational activities)

Multidisciplinary Tumor Boards ☐ Yes ☐ No How many times in a month: \_\_\_\_\_

Pathology: In house ☐ Yes ☐ No Radiation Oncology: In house ☐ Yes ☐ No

Diagnostic Radiology: In house ☐ Yes ☐ No Nuclear Medicine: In house ☐ Yes ☐ No

Medical Oncology ☐ Yes ☐ No Endocrinology ☐ Yes ☐ No

If the above services are not available in house, please give a narrative, as to how they are accessed: \_\_\_\_\_

Please give a narrative on other resources available to the Fellow, such as office space, meeting rooms, Library, computer access and support, Institutional / Departmental databases, and tumor registry, biostatistics, secretarial support etc.: \_\_\_\_\_

Add any other information about your program, in support of your application for accreditation for the International Fellowship in Head and Neck Surgery: \_\_\_\_\_

## PAYMENT

### **APPLICATION FEE.**

(INCLUDES VIRTUAL SITE VISIT) **\$3000**

PLEASE SUBMIT YOUR COMPLETED APPLICATION WITH ALL ATTACHMENTS and Fees to [info@ifhnos.net](mailto:info@ifhnos.net)