

**JOIN NOW !**

*The Academy Of  
Ambulatory Foot & Ankle Surgery*

**MEMBERSHIP:**

- ( ) Fellow
- ( ) Associate
- ( ) Student
- ( ) International

**APPLICATION FORM**

RETURN TO: **Academy of Ambulatory Foot and Ankle Surgery**  
**1601 Walnut Street, Suite 1005**  
**Philadelphia, PA 19102**

Name \_\_\_\_\_ Degree \_\_\_\_\_  
Office Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Residence Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Narcotic License \_\_\_\_\_  
Email Address: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**Please include a clear copy of a photo ID. Example: Driver's License, Passport**

**Pre-Medical Education**  
College or University \_\_\_\_\_ No. Of Years Attended \_\_\_\_\_  
Degree \_\_\_\_\_ Date of Graduation \_\_\_\_\_

**Medical Education**  
College \_\_\_\_\_ No. Of Years Attended \_\_\_\_\_  
Degree \_\_\_\_\_ Date of Graduation \_\_\_\_\_

**Post-Graduate Surgical Training including Minimal Invasive, Preceptorships, Internships, & Residency**  
Location \_\_\_\_\_  
Dates \_\_\_\_\_ Length of Time \_\_\_\_\_

**Surgical Experience in Minimal Invasive Surgical Procedures**  
\_\_\_\_\_

**State Licenses and Numbers Held**

1) _____	4) _____
2) _____	5) _____
3) _____	6) _____

**Recommendations - Two Fellows of the Academy of Ambulatory Foot and Ankle Surgery.**

<b>Name</b>	<b>Address</b>
_____	_____
_____	_____

**In making application to the Academy of Ambulatory Foot and Ankle Surgery, Inc.,  
I agree to abide by its Constitution, By-Laws, Preferred Practice Guidelines and Standards of Care.**

Date: _____	Signed _____	Signature of Applicant _____
( ) ASSOCIATE/FELLOW MEMBERSHIP	495.00	Applicants for Fellow Membership must submit 8 cases of Ambulatory Foot Out-Patient Surgery with application
( ) APPLICATION FOR FELLOW	75.00	Applicants for Associate Membership have TWO YEARS to complete this requirement. Case History Report Forms are provided with this Application.
( ) RETIREMENT MEMBERSHIP MUST BE FULLY RETIRED	100.00	The Examining Board reserves the right to examine the practitioner and / or his office.
( ) INTERNATIONAL MEMBERSHIP	\$345.00	
( ) STUDENTS/RESIDENTS (Senior students, residents and those on fellowships)	\$ 50.00	

## *The Academy of Ambulatory Foot & Ankle Surgery*

Dear Doctor:

Enclosed find information and an application for membership in The Academy of Ambulatory Foot and Ankle Surgery.

### **FULL MEMBERSHIP**

Membership is \$495.00. We will waive the \$75.00 for application fee.

Please be advised that acceptance as a member in the Academy is conditioned upon the following:

Satisfactory proof of performance of 3 soft tissue cases and 5 bone surgery cases of ambulatory foot surgery, on an out-patient basis. You should submit these 8 case history reports to the National Office, at which time they will become the property of the Academy.

A survey of your office, instrumentation, and equipment, to be conducted at such time as decided by the Academy and at the option of the Academy, without notice.

A personal interview as desired by the Membership Committee.

### **ASSOCIATE MEMBERSHIP**

The annual dues are \$395.00 per year for National Members.

The annual dues are \$345.00 per year for International Members.

No proof of 8 cases of ambulatory surgery is necessary at this time.

You do have two years to submit these cases to the Academy.

Associate members have all the benefits of the Full membership, but cannot vote.

If any of the conditions above are not considered satisfactorily met by either the Membership Committee or the Insurance Committee, the applicant will be rejected.

**The Academy is contributing in a significant manner to the development of improved techniques and the enhancement of the image of foot surgery in the eyes of the public. We hope that you will become a member and assist us in the attainment of our goals.**

*The Academy of Ambulatory Foot & Ankle Surgery*

NATIONAL OFFICE

**INSTRUCTIONS FOR CASE HISTORIES**  
**TOWARDS FELLOWSHIP**

1. Please make copies of the history forms; the Academy will supply you with one copy.
2. Documentation of performed procedure being reported via copies of:
  - Pre and Post Op Radiographs.
  - All procedures must be Ambulatory.
  - Osseous procedures to be performed by Minimal Invasive Surgery.
  - E.M.O.B for undocumented procedures.
  - Pre & Post Op labeled photograph of reported procedure.
  - Pathology report (Osseous & Soft Tissue).
3. Post-op progress notes should be a summary of the healing process of the patient by date; include when patient was able to return to a normal daily routine.
4. Required to:
  - Present 5 Osseous Procedures (via Minimal Invasive Surgery).
  - Present 3 Soft Tissue Procedures.
  - Participate in 2 Surgical Cadaver Seminars on Minimal Invasive Surgery.
  - Upon completion, there will be an oral and practical demonstration at a Cadaver Seminar.
5. Make a copy for your records and send them with your complete application and your check to the address below:

**Academy of Ambulatory Foot & Ankle Surgery**  
**1601 Walnut Street**  
**Suite 1005**  
**Philadelphia, PA 19102**
6. Remember, if you are applying for Associate Membership, you have two years to Complete your case histories.

*The Academy of Ambulatory Foot & Ankle Surgery*

NATIONAL OFFICE

**PATIENT INFORMATION SHEET**

LIST CASE HISTORY REPORTS IN CHRONOLOGICAL ORDER ACCORDING TO DATES OF SURGERY:

PATIENT NAME:

SURGERY PERFORMED:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

**THIS FORM IS TO BE NOTARIZED AND INCLUDED WITH CASE FORMS.**

NATIONAL OFFICE

**CASE HISTORY REPORT**

**REPORT #:**

**PATIENT NAME:**

**AGE:**

**RACE:**

**SEX:**

**SURGERY:**

**LOCATION:**

**CHIEF COMPLAINT:**

**PRE-SURGICAL HISTORY:**

**PAST HISTORY OF CONDITIONS:**

**PREVIOUS TREATMENT:**

**DURATION:**

**COMPLETE OBJECTIVE PICTURE OF PATIENT'S SURGICAL PROBLEMS:**

**PRE-OPERATIVE DIAGNOSIS:**

**PRE-OPERATIVE MEDICATIONS:**

*The Academy of Ambulatory Foot & Ankle Surgery*

NATIONAL OFFICE

**POST OPERATIVE DIAGNOSIS:**

**POST OPERATIVE MEDICATIONS:**

**OPERATIONS PERFORMED (LIST ALL PROCEDURES):**

**LABORATORY REPORTS (PATHOLOGY, TISSUE, BLOOD, URINE, etc.):**

**X-RAY FINDINGS:**

**OPERATIVE REPORTS (STANDARD FORMS ACCEPTED):**