



**Application to Establish a Fellowship Training Center for
ACVS Joint Replacement Surgery Fellowship Program**

Institution / Practice: _____

Institution / Practice Address: _____

List the contact information for the Founding Fellow or Fellow of the ACVS Joint Replacement Surgery Fellowship program who is submitting this application and is affiliated with the institution/practice listed above.

Name of the individual submitting this application: _____

Phone: _____

Email _____

Date: _____

Please complete the following questionnaire. It will be reviewed by the Joint Replacement Surgery (JRS) Fellowship Oversight Committee (FOC). You will receive a response as soon as possible.

If you have questions about this application, contact the Chair of the JRS Fellowship Oversight Committee.

1. How many Founding Fellows or Fellows of the ACVS Joint Replacement Surgery Fellowship are present at your institution/practice? _____

2. Who are the ACVS Diplomates that will be involved with training?

3. Are there Founding Fellows and/or Fellows at your site that have the expertise to provide fellowship level training in cementless and cemented total joint replacement and are the support personnel, facilities and equipment available in accordance with the Minimum Training Standards for an ACVS Fellowship Joint Replacement Surgery Training Program? Yes No

If not, what is your plan to meet the Minimum Training Standards and provide training in JRS?

4. Which of the following instrumentation sets are available at your institution/ practice? *Select all that apply.*

- BioMedtrix large breed set
- BioMedtrix lateral bolt set
- BioMedtrix micro nano set
- BioMedtrix TATE total elbow replacement set
- BioMedtrix total ankle replacement set
- BioMedtrix total knee replacement set
- BioMedtrix universal hip set
- Kyon micro total hip set (3/4/5)
- Kyon total elbow replacement set
- Kyon Zurich hip set
- Other JRS sets (specify): _____

5. Is a C-arm available in your institution/ practice? Yes No

6. Are personnel certified for C- arm use in your institution/ practice? Yes No

7. Which of the following imaging technologies are available at your institution/practice?

- Computed Tomography
- MRI
- PET

Number of Radiology Suites _____

8. How many joint replacement surgeries are you performing per year? List the approximate total number for all that apply. Hip _____ Knee _____ Elbow _____ Ankle _____
Other (specify) _____

9. Which other board-certified specialists are present in your institution / practice?

- | | | |
|----------------------|------------------------------|-----------------------------|
| Radiologist on site | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Radiologist off site | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Availability (hours per week): _____

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Anesthesiologist on site | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anesthesiologist off site | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Availability (hours per week): _____

10. Number of other ACVS / ECVS Diplomates in your institution / practice that will serve as Supporting Faculty? _____

Names and specialty:

11. Is a Physical Rehabilitation section available in your institution or practice? Yes No
If not, is a facility available locally?

I hereby declare that I have read and will fully comply with all terms in the Minimum Training Standards for an ACVS Fellowship in Joint Replacement Surgery Fellowship Program. I further fully understand that the status of “ACVS Fellow in Joint Replacement Surgery” will not be granted until after all requirements have been completed and is approved and accepted by the ACVS Joint Replacement Surgery Oversight Committee, the ACVS Fellowship Committee, and the ACVS Board of Regents.

Primary Mentor (Print name) Date

Program Director (Print name) Date

Signature

Signature