

Purpose of Fellow:

To understand how to initiate a pre-operative plan and execute this to achieve desired outcome. To master the art of surgery and through critical analysis and methodical reasoning, become surgeon and physician.

From the Directors Desk:

During this one-year position, the fellow will develop a deeper and more precise understanding of pathology and its conservative and surgical treatment. The fellow will learn techniques and principles behind deformity analysis and management. They will learn how to create a surgical plan and execute all aspects of treatment, surgery and recovery. They will learn and be exposed to all facets of modern products, techniques and teachings.

The fellow will be supervised directly by Dr. Hlad throughout the year and monthly surgical case reviews will be performed to improve the fellow's techniques and understanding. They will have inpatient, as well as, outpatient responsibilities and will be taking supervised trauma call. Areas of focus of the fellowship include but are not limited to:

- Pre-Operative Deformity Planning
 - Charcot Reconstruction
- Minimally Invasive Procedures
 - Fractures /Trauma
 - Total Ankles
 - Orthoplastics techniques
- External Fixation (Monolateral, Ilizarov and Hexapod)
 - Revisional Surgery
 - Limb Salvage
 - Osteotomies

Expectations:

- Complete >300 complex Surgical procedures of the focused type
- Run a fellow's clinic where cases can be completed start to finish and even used for board cases
- Be able to lecture at fellows' conferences as well as State and/or National meetings
- At minimum submit 2 posters to ACFAS or similar meeting
- At minimum submit 2 articles to peer reviewed journals
- Fellows must live within 20 minutes of Waycross, Georgia. They must have a full podiatric medical license at time of start, and have transportation.
- Applications Due by November 15th, 2020, Interviews granted by invitation



ANKLE & FOOT
ASSOCIATES, LLC

Please include the following with your completed application:

- Statement of Personal and Professional Goals
 - Podiatry School Transcript (certified copy)
 - Podiatry School Diploma
 - Passport Size photo (1)
- Recommendation letters (3) must be on official stationery and signed with blue ink pen (no faxes accepted) and mailed to address at end of application
 - Letter of intent, why should you be our fellow?
 - Up to date CV
 - Residency Certificates
 - In Training exam results during residency

Send Completed Application and Supporting Documents to:

Lee M. Hlad, DPM, FACFAS
Ankle & Foot Associates
501 West Oneida Street
Waycross, GA, 31501
Fax # 912-283-3590

For Questions or inquires contact Fellowship Director:

Lee M. Hlad, DPM, FACFAS
leehlad@hotmail.com
cell #614-578-2200



ANKLE & FOOT
ASSOCIATES, LLC

Ankle & Foot Deformity Correction Fellowship

Fellowship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Salary: **\$ 60,000.00**

Position Applied for: **Ankle & Foot Deformity Fellow, AFA**

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of any criminal charges? (other than minor traffic violations) YES NO

If yes, explain: _____

Education

Podiatry School: _____ Date Graduated: _____

Residency: _____ Address: _____

Director: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please answer the following below:

1. Are you able to perform the essential functions of the position without reasonable accommodations? (Americans with Disabilities Act)? Yes / No (IF no please note special requirements needed)
2. Have you ever been convicted of any criminal charges ? (other than minor traffic violations) Yes / No
3. Are you currently using illegal drugs? Yes / No
4. Do you have any impairment due to current chemical dependency/substance abuse that would prevent you from carrying out the essential function of this fellowship position? Yes / No
5. How Did you hear about this fellowship?

Comments: _____

