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
 - Practice Management/Coding

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 1 poster to ACFAS or similar meeting
- At minimum submit 1 article 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 October 15th 2023, Interviews granted by invitation



Please include the following with your completed application:

- Statement of Personal and Professional Goals
 - 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 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 Availal	ble: Social	Security	/ No.:			
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	YES NO If no, are you authorized to work in the U.S.? ☐ ☐		
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, expla	in:					
			Edu	cation		
Podiatry School:				Date Graduated:		
, , , , , , , , , , , , , , , , , , , ,						
Residency:			Addres	s:		
Director:						

References						
Please	se list three professional references.					
Full Na	Name:	Relationship:				
Compa	pany:	Phone:				
Addres	ess:					
Full Na	Name:	Relationship:				
Compa		Dhono				
Addres						
Full Na	Name:	Relationship:				
Compa		Dhono				
Addres						
	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.						
Signatu	ature:	Date:				
Please	se 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.	2. Have you ever been convicted of any criminal charges ? (other than minor traffic violations) Yes / No					
3.	3. Are you currently using illegal drugs? Yes / No					
4.	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.	6. How Did you hear about this fellowship?					
Comments:						