

MSTS Fellowship Recognition Application

Checklist Submit all application materials to MSTS office at info@MSTS.org

- Part I: Background and Personnel
- Part II: Curriculum and Educational Environment
- Submit Validated Faculty case log data from Jan 1 to Dec 31 of year prior to application (similar to ABOS recertification data)
- Submit Program Director and Faculty CVs
- Submit Application Fee

Part I: Background and Personnel

Primary Institution:

Program Director

- Name:
- Email:
- Phone:
- Completed Fellowship(s) list name and subspecialty:
- Years in Practice Since Completion of Fellowship(s):
- MSTS Member Category, Active/Affiliate/Candidate etc.:
- ABOS Board Certified, Yes/No:

Program Coordinator

- Name:
- Email:
- Phone:

Faculty Member 1

- Name:
- Email:
- Phone:
- Completed Fellowship(s) list name and subspecialty:
- Years in Practice Since Completion of Fellowship(s):

Faculty Member 1 Cont'd

- MSTS Member Category:
- ABOS Board Certified, Yes/No:

Faculty Member 2 (if applicable)

- Name:
- Email:
- Phone:
- Completed Fellowship(s) list name and subspecialty:
- Years in Practice Since Completion of Fellowship(s):
- MSTS Member Category, Active/Affiliate/Candidate etc.:
- ABOS Board Certified, Yes/No:

Faculty Member 3 (if applicable)

- Name:
- Email:
- Phone:
- Completed Fellowship(s) list name and subspecialty:
- Years in Practice Since Completion of Fellowship(s):
- MSTS Member Category, Active/Affiliate/Candidate etc.:
- ABOS Board Certified, Yes/No:

Faculty Member 4 (if applicable. If more than 4 faculty members list on separate form)

- Name:
- Email:
- Phone:
- Completed Fellowship(s) list name and subspecialty:
- Years in Practice Since Completion of Fellowship(s):
- MSTS Member Category, Active/Affiliate/Candidate etc.:
- ABOS Board Certified, Yes/No:

Part II: Curriculum and Educational Environment

1. List all orthopaedic oncology clinical sites and faculty who practice there

2. Provide the name of the institution(s) and affiliation to core program for the multidisciplinary specialty services listed below. If subspecialty service institution is the same as the core Ortho Oncology Tumor service, for example: State University Dept of Orthopaedic Surgery and State University Department of Radiation Oncology, then indicate "Same"; otherwise indicate name of institution and describe affiliation with the Ortho Oncology Service.
 - a. Radiation oncology
 - b. Adult medical oncology
 - c. Pediatric Oncology:
 - d. Musculoskeletal Radiology:
 - e. Musculoskeletal Pathology:

3. List educational conference schedule that fellow participates in and his/her role, such as participant, organizer, presenter etc.

4. Indicate schedule (weekly, bi-monthly etc.) and list of participants for the multidisciplinary sarcoma/orthopaedic oncology tumor board.

5. Describe the fellow's research requirement and resources to complete the requirement

6. Please describe the educational goals and objectives of the fellowship. A written curriculum or goals and objectives document would fulfill this requirement and may be inserted here or provided as a separate document as needed.

7. Please list any and all call responsibilities for the fellow:

8. Please indicate outpatient volume and summarize the total number of the following cases performed by all faculty at the fellowship institution(s) from January 1st to December 31st of the year prior to submitting this application. Information below should be sum total of all faculty; however please also provide an official case log for each individual faculty member validated by your institution's medical records/health information management services department (similar to ABOS case list submission).
 - a. Soft tissue sarcoma resection Pelvis/Trunk/Extremity:

 - b. Primary extremity bone sarcoma Resection and Limb Salvage, NOT including pelvis, age greater or equal to 18 years:

 - c. Primary extremity bone sarcoma Resection and Limb Salvage, NOT including pelvis, age younger or equal to 18 years:

 - d. Primary bone sarcoma hemipelvectomy Enneking Type I, II, or III or combined:

 - e. Surgical Treatment for Metastatic bone disease or Myeloma of pelvis, scapula or long bones:

 - f. Surgical treatment of benign bone tumors all ages:

 - g. Surgical treatment of benign soft tissue tumors all ages:

 - h. Surgical treatment of complications including wound infections, prosthetic joint infections, wound dehiscence, joint instability, aseptic implant loosening or failure, local recurrence:

 - i. Total number of outpatient visits by all faculty:

9. Describe how the fellow will receive feedback on their performance and educational progress

10. Describe how the fellow will provide structured feedback to the program

Terms and Conditions

By completing the MSTS ***Application for Fellowship Program Recognition***, you agree to be bound by the following terms and conditions.

Fellowship Program Recognition by Musculoskeletal Tumor Society (MSTS) represents recognition that a program has met the most current requirements as outlined ***Rules and Procedures for MSTS Recognition of Fellowship Programs*** document. To be eligible for consideration for ***MSTS Recognition***, a program must complete an ***Application for Fellowship Program Recognition*** and submit it to the MSTS along with all requested supplementary materials and fees. Programs that fail to meet the standards will be removed from the MSTS Fellowship Match.

As the applicant, you understand that the MSTS reserves the right to update both the Application and ***Rules and Procedures for MSTS Recognition of Fellowship Programs*** document at any time. Revisions to these documents will take effect only after allowing programs a reasonable time in which to comply. All applicants will be reviewed based upon the current Application and Standards, regardless of application **start date**. Prior to submitting the ***Application for Fellowship Program Recognition***, please be certain you are using the current version.

Do you agree to these terms and conditions?

I agree

I do not Agree

Signature of Program Director

Name:

Date:

Comments or Additional Materials: