

**JOIN NOW!**

**The Academy Of  
Minimally Invasive Foot and Ankle Surgery**

**MEMBERSHIP:**

**APPLICATION FORM**

- Fellow
- Associate
- Student
- International

RETURN TO: Academy of Minimally Invasive Foot and Ankle Surgery  
 3707 South Grand Blvd, Suite A  
 Spokane, WA 99203

Phone: 509-624-1452  
 Toll Free: (U.S. Only) 800-433-4892  
 Fax: 509-624-1128

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 Minimally Invasive Foot and Ankle Surgery.**

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

**In making application to the Academy of Minimally Invasive 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

APPLICATION FOR ASSOCIATE MEMBERSHIP \$495.00

Applicants for Fellow Membership must submit 8 cases of Minimally Invasive Foot Out-Patient Surgery with Application.

FELLOW MEMBERSHIP APPLICATION \$100.00

Applicants for Associate Membership have TWO YEARS to complete this requirement.

Case History Report Forms are provided with this application.

RETIREMENT MEMBERSHIP \$100.00  
 MUST BE FULLY RETIRED

The Examining Board reserves the right to examine the practitioner and / or his office.

INTERNATIONAL MEMBERSHIP \$345.00

STUDENTS/RESIDENTS \$ 50.00  
 (Senior students, residents and those on fellowships)

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**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 Minimally 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 Minimally 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:

**Dr. Burton J. Katzen, D.P.M.**  
**Fellowship Director**  
**DrburtonK@aol.com**  
**4302 St. Bernabas Road**  
**Temple Hills, Maryland 20748**

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**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.**

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## 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:**

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**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):**