

Application form for Institute accreditation for FHNO Head Neck Fellowship

Kindly go thru all important documents on website including selection process for the institute, program curriculum etc. before filling the form.

(<https://fhnofellowship.org/index.html>) . In case on any query, please email to fhnofellowship@gmail.com. At the time of accreditation inspection, please submit a printed copy of response, duly signed by Program Director, Assistant Program Director and the Inspector.

* Required

1. Email *

2. Name of the Institute *

3. Address of the institute - City *

4. Address of the institute - State *

5. Address of the institute - other details *

6. Address of the institute - Pin code *

7. Phone number of the Institute *

8. Email address of the Institute *

Details of Institute fellowship Faculties - Program Director

9. Name *

10. Highest educational qualification *

Please attach scanned copy of the certificate with acknowledgement mail

Mark only one oval.

☐ MS ENT

☐ MS Surgery

☐ DNB ENT

☐ DNB Surgery

☐ MCh Surgical Oncology

☐ MCh Head Neck Oncology

☐ DNB Surgical Oncology

11. Mobile Contact number *

12. Email address *

13. Teaching experience *

Please attach scanned copy of the relevant documents with acknowledgement mail

Mark only one oval.

☐ none

☐ < 5 years

☐ >= 5 years

14. Clinical experience *

Please attach scanned copy of the relevant documents with acknowledgement mail

Mark only one oval.

☐ none

☐ < 7 years

☐ >= 7 years

Details of Institute fellowship Faculties - Assistant Program Director

15. Name *

16. Highest educational qualification *

Please attach scanned copy of the certificate with acknowledgement mail

Mark only one oval.

- ☐ MS ENT
- ☐ MS Surgery
- ☐ DNB ENT
- ☐ DNB Surgery
- ☐ MCh Surgical Oncology
- ☐ MCh Head Neck Oncology
- ☐ DNB Surgical Oncology
- ☐ MDS OFMS

17. Mobile Contact number *

18. Email address *

19. Teaching experience *

Please attach scanned copy of the relevant documents with acknowledgement mail

Mark only one oval.

- ☐ none
- ☐ < 5 years
- ☐ >= 5 years

20. Clinical experience *

Please attach scanned copy of the relevant documents with acknowledgement mail

Mark only one oval.

- ☐ none
- ☐ < 3 years
- ☐ >= 3 years

Details of Institute fellowship Faculties -
Program Coordinator

Program Coordinator can be a non
medical person

21. Name *

22. Highest Educational qualification *

Please attach scanned copy of the certificate with acknowledgement mail

23. Mobile Contact number *

24. Email address *

Details of ongoing Program/s at the Institute

25. Ongoing Program/s at the Institute *

Check all that apply.

- ☐ Institute/university accredited fellowship in Head and Neck Oncology
- ☐ Institute/university accredited fellowship in Oral Oncology
- ☐ M.Ch (Surgical Oncology / Head & Neck Oncology)
- ☐ DNB (Surgical Oncology)
- ☐ Any other fellowship in Head and Neck Oncology – please specify in "other"

Other: ☐ _____

Details of Infrastructure

26. Total number of indoor beds *

27. Total number of surgical ICU beds *

28. Number of Operation Theatres *

29. OT room equipment *

Check all that apply.

- ☐ Operating Microscope
- ☐ LASER
- ☐ Surgical Robotics
- ☐ Endoscopic nasal and skull base set up

30. Do you have separate OPD setup for head and neck examination? *

Mark only one oval.

☐ Yes

☐ No

31. Do you have following in head and neck examination ? *

Check whichever is available

Check all that apply.

☐ Office telescopes

☐ Office biopsy infrastructure

☐ Fiberoptic nasolaryngoscope

Allied departments

32. Status of Allied departments *

Mark only one oval per row.

| | Not available | Available - In House | Available - Out sourced |
|---------------------|-----------------------|-----------------------|-------------------------|
| Medical Oncology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Radiation Oncology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Onco Pathology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Onco Radiology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Preventive oncology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Palliative oncology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Oncopsychology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clinical Nutrition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physiotherapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Speech & swallowing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Biostatistics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Work load

33. Average New head and neck oncology patients seen per month (last 6 months)

*

Mark only one oval.

- ☐ < 50
- ☐ 50-100
- ☐ > 100

34. Average head and neck oncology patients operated per month (Major Surgeries of last 6 months) *

Mark only one oval.

- ☐ < 25
- ☐ 25-50
- ☐ > 50

Details of Fellowship selection

35. Fellowship selection of the institute *

Mark only one oval.

- ☐ Institute willing to take only MS / DNB / Diploma ENT, MS/DNB Gen. Surgery, MCh/DNB Surgical or Head Neck oncology, will be listed under Head and Neck Fellowship only
- ☐ Institute willing to take only MDS candidates, will be listed under Oral oncology fellowship only.
- ☐ Institute willing to take both MS / DNB / Diploma ENT, MS/DNB Gen. Surgery, MCh/DNB Surgical or Head Neck oncology, and MDS candidates, will be listed under both fellowships

Undertaking

please read all relevant information on the fellowship website
<https://fhnofellowship.org/index.html>

36. I am the valid representative of the institute *

I have communicated to institute representatives including Program Director, Assistant Program Director regarding all the responses I have filled in the form and they have agreed to same. All the responses are final and binding to us.

Mark only one oval.

- ☐ Yes

37. I must submitted all supporting documents with the acknowledgement mail *

Please submit scanned copies all supporting documents on fhnofellowship@gmail.com : Educational certificates and experience certificates of PD, APD, Copy of fees transfer document

Mark only one oval.

☐ Yes

38. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize FHNO for sharing/ verification of the information furnished on this form. I have read all the terms and conditions regarding FHNO Head and Neck fellowship, and I agree to them. FHNO has all rights to decide the outcome of the application which will be final and abiding. I also understand that if approved, it will be valid for four years and reapplication and reassessment will be required for renewal at three and half year. I agree that FHNO has all rights to do interim assessment of the center, and if found unsatisfactory, has right to discontinue the fellowship. *

Mark only one oval.

☐ yes

39. Any other relevant comments from the Institute
