



## *Oral and Maxillofacial Surgery Foundation*

### ***Clinical Surgery Fellowship Guidelines***

*(Version 10.0 – 01/10)*

*These guidelines are applicable to the Clinical Surgery Fellowship sponsored by the Oral and Maxillofacial Surgery Foundation (OMSF).*

*The guidelines contain directions for both sponsoring facilities and Fellowship candidates. Sponsoring institutions must follow these guidelines in selecting a Fellow to participate in the Fellowship.*

- ◆ Submit applications on [omsfoundation.org](http://omsfoundation.org) website
- ◆ Submit completed application at [ftp.omsfoundation.org](ftp://ftp.omsfoundation.org)
- ◆ Instructions for the ftp site can be found at [www.omsfoundation.org](http://www.omsfoundation.org)

**Deadline: July 15, 2010 – 5:00 p.m. Eastern Time**

***These guidelines are applicable to the Clinical Surgery Fellowship sponsored by the OMSF. The guidelines contain directions for both sponsoring facilities and individual Fellowship candidates. Sponsoring institutions must follow these guidelines in selecting a Fellow.***

## **I. PURPOSE OF THE FELLOWSHIP**

### **A. Clinical Surgery Fellowship**

The purpose of the Clinical Surgery Fellowship is to:

1. Provide to promising oral and maxillofacial surgery faculty members the opportunity to develop specialized surgical skills and to broaden their knowledge, experience and judgment in diverse areas of oral and maxillofacial surgical practice.
2. Encourage through enhanced residency training and continuing education the timely and disciplined development and introduction of new and innovative surgical techniques and technologies to the membership of American Association of Oral & Maxillofacial Surgeons (AAOMS).
3. Strengthen the relationship between the AAOMS membership and surgical units offering specialized and unique capabilities.
4. OMSF Funding of Fellowships is to assist Sponsoring Institutions while they are securing internal or other external sources of funding. **Sponsoring Institutions are eligible for Fellowship grants for three (3) consecutive years but then will be ineligible for the three (3) subsequent years.**

## **II. ELIGIBILITY REQUIREMENTS**

### **A. Sponsoring Facility/Faculty**

Eligibility requirements for the Clinical Surgery Fellowship are:

1. Each Sponsoring Institution must apply to OMSF for a Fellowship Grant. **Grants will be awarded only to Institutions recognized as Fellowship sites by the Commission on Dental Accreditation of the American Dental Association (“CODA”). Each Applicant Institution must supply a scanned copy of its CODA certification.**
2. The Fellowship Program Director at the Institution must be a member in good standing of the **OMSF** and the **AAOMS** and have an affiliation with an oral and maxillofacial surgery training program accredited by CODA.
3. The Sponsoring Institution must have the staff and support capabilities to provide a balanced academic and clinical program.
4. An Institution may conduct only **one** OMSF funded Fellowship during any twelve-month award period.
5. OMSF shall not exercise any control over the sponsoring Institution or Fellows work.

### **B. Fellow**

Eligibility requirements for the Clinical Surgery Fellowship are:

1. Fellows must have successfully completed an oral and maxillofacial surgery residency accredited by CODA.
2. **Fellows must be a member, fellow or candidate of the AAOMS.**
3. **Fellows must be a member in good standing of the OMSF.**
4. There are no age limitations.
5. Citizenship: A Fellow must be a citizen or non-citizen national of the United States or its possessions and territories -- or, at least one year prior to accepting the fellowship position, must have been lawfully admitted to the United States for permanent residence.
6. In those instances where a Fellowship is to be served in a program outside of the United States, it is the responsibility of the Fellow to obtain requisite immigration documents (i.e., passport and visa).

### III. CONDITIONS OF THE FELLOWSHIP

#### A. *Sponsoring Institution:*

1. The Sponsoring Institution must be recognized by the AAOMS as an educational facility and have the financial resources to support the Fellowship. All funds disbursed by OMSF to the Institution must be used as the Fellowship stipend. No funds will be provided to the Sponsoring Institution to support other costs of the Fellowship.
2. A stipend of \$60,000 per twelve (12) month period will be provided by OMSF to the Sponsoring Institution for disbursement to the Fellow or directly to the Fellow at the discretion of the Institution. Payments of \$15,000 will be issued every three months for the period of the Fellowship beginning in January of the funding year. The Sponsoring Institution may supplement the OMSF funding.
3. The Sponsoring Institution must sign a Clinical Surgery Fellowship Sponsoring Facility Agreement that details the terms of the Fellowship for the Institution.
4. The period of the Fellowship may begin in January following notification of selection by the OMSF.
5. Requirements for Clinical Investigation.
  - a. The Sponsoring Institution must present a description of the clinical investigation that will be performed by the Fellow during the period of the Fellowship.
  - b. The elements that will be considered by OMSF in its evaluation of the applicant's clinical investigation description are the following:
    - The scientific merit of the proposal.
    - Originality and innovativeness of the proposal.
    - Relevance of the proposal to possible advances in oral and maxillofacial surgery.
    - Qualifications of the Fellowship Program Director in relation to the proposed work.
    - Evidence of a sufficient level of commitment by the Sponsoring Institution to the training of the Fellow.
    - Adequacy of facilities and support services.
    - **An applicant Sponsoring Institution that has previously received funding from OMSF for a Fellowship must include a complete 12 month case-list for the most recent OMSF funded Fellow.**
6. OMSF does not control the conduct of the Fellowship, the supervision of the Fellow during the Fellowship, or the work performed by the Fellow. Nevertheless, any clinical investigation conducted under the auspices of OMSF - funded Fellowships must comply with the following guidelines regarding use of human subjects:
  - Use of Human Subjects – A clinical investigation involving the use of human subjects may only be performed after certification of review and approval of a protocol by an Institutional Review Board (IRB), or its equivalent, appropriate to the scientific community of the country in which the Fellowship is taking place.
7. The Sponsoring Institution must select the Fellow to participate in the Fellowship at least 30 days prior to the start of the Fellowship. **The Institution must notify the OMSF of its selection of a Fellow using the “Fellows Agreement” (Addendum J) which must be completed and signed by the Institution and the Fellow.**
8. Sponsorship and Commitment.
  - a. The Fellowship Program Director will be responsible for assuring that the Professional Activity Plan can be successfully implemented at the Sponsoring Institution and that a progress report is provided to OMSF on a quarterly basis.
  - b. The Fellowship Program Director will be responsible for selecting an investigation mentor for the Fellow and for assuring completion of the proposed clinical investigation.
  - c. Deviations from the approved Professional Activity Plan will be allowed only if applied for in writing to the OMSF Fellowship Committee. A written response will be provided.

9. Final Report: No later than six (6) months after completion of the Fellowship, the Sponsoring Institution shall provide a final written report to OMSF in the form required by OMSF. If OMSF requests additional information, the Institution shall provide such information in a timely manner.

**B. Fellow**

1. Fellowship funds may not be used to support the obtaining of another professional degree after completing oral and maxillofacial surgery training. The Fellowship is intended for full-time faculty development to augment residency education and training, and continuing education.
2. Funding for Fellowships is offered for periods of twelve (12) months.
3. A Fellow who has received OMSF funding must fulfill **one** of the following two pay back commitment options for each year that is supported by OMSF Fellowship funding:
  - a. Immediately following completion of the Fellowship, the Fellow must serve in a full-time established faculty position for a minimum of two years for each year that the Fellow is supported by OMSF funding. If the Fellow fails to meet this commitment, the full amount of the stipend paid to the Fellow must be returned to the OMSF within one year of the date on which the Fellowship was completed at a prime interest rate; **or**
  - b. Immediately following completion of the Fellowship, the Fellow must serve in an established part-time (50% salary appointment) faculty position for a minimum of five years for each year that is supported by OMSF funding. The specific responsibilities of the part-time position must be documented by the program director consistent with policies in effect within the Institution.
4. A Fellow who fails to meet one of these two pay back commitment options must repay to OMSF, the full amount of the funds paid by OMSF, with interest at 2% over the prime rate. Such payment must be made within one year after completion of the Fellowship if the Fellow has not undertaken one of the two options within that time – or within 60 days after ceasing to fulfill one of the options if the Fellow commences one of the options but fails to complete it.
5. The Fellow's status, title and staff privileges will be determined by the Sponsoring Institution according to established policies of the Institution. OMSF shall have no role in this determination.
6. The Fellow must sign a Clinical Surgery Fellowship Fellow's Agreement undertaking to fully meet one of the two pay back commitment options.
7. The Fellow must prepare and submit to OMSF, within six months after completion of the Fellowship (i.e., July 1<sup>st</sup>), a manuscript suitable for publication concerning the outcome of the clinical investigation that the Fellow conducted during the period of the Fellowship. It is expected that the manuscript would be submitted to a peer reviewed journal for publication. Failure to timely submit a manuscript that in the reasonable judgment of OMSF is suitable for publication shall be cause for repayment of the Fellowship funds by the Fellow as specified in subparagraph 4.

#### IV. APPLICATION PROCEDURES

##### SPONSORING INSTITUTION

- **Sponsoring facilities must have CODA accreditation as a Fellowship site.**

##### A. *Application Forms and Format*

1. Applications are to be generated on computer word processing software and must be submitted in the format described below. Conformity to the prescribed format will be taken into account in the review process. Copies of applications that have been previously submitted to other funding sources in other formats will not be considered.
2. The Director/Chief of the unit (e.g., department, service, laboratory) at the Sponsoring Institution must endorse the proposal in writing and express support for both the unit and the Institution for the proposed work.
3. Applications must include a Professional Activity Plan that presents a balanced, structured schedule delineating the percentage of time to be committed to clinical investigation.

##### B. *Timing of the Application*

1. **Applications are due by 5:00 PM EST, July 15, 2010 and will only be accepted electronically via: <ftp.omsfoundation.org>. Directions on uploading to the ftp site can be found at [www.omsfoundation.org](http://www.omsfoundation.org)**
2. No facsimile or hard copy applications will be accepted.
3. The Fellowship program director will be notified of selection in December.
4. Additional applications and instructions for uploading applications can be found at [www.omsfoundation.org](http://www.omsfoundation.org).

##### C. *Review Procedures*

1. The Clinical Surgery Fellowship will only be awarded to Institutions recognized as Fellowship sites by the Commission on Dental Accreditation of the American Dental Association (“CODA”). Each Applicant Institution must supply a scanned copy of its CODA certification.
2. Sponsoring Institutions must submit an OMSF Clinical Surgery Fellowship Facility Application as described in these guidelines. The OMSF Fellowship Committee will review applications from respective recognized sites and make recommendations to the Foundation Board. The Board will select those Institutions to be supported.

#### V. PROGRESS REPORTS AND PUBLICATIONS

##### A. *Progress Reports*

1. The Fellow must provide a summary of Fellowship activities within sixty (60) days of completion of the Fellowship. The Fellow must also prepare and submit to OMSF, within six months after completion of the Fellowship, a manuscript suitable for publication concerning the outcome of the clinical investigation that the Fellow conducted during the period of the Fellowship. It is expected that the manuscript would be submitted to a peer reviewed journal for publication. In addition to the principal text, the manuscript must include a formal abstract that includes the elements of the prescribed investigation outline, plus a results and conclusion section. **The progress report submission form should be completed on the Foundation’s website: [www.omsfoundation.org](http://www.omsfoundation.org).**
2. Failure of the Fellow to submit a progress report will disqualify the Fellow and the Sponsoring Institution from all OMSF funding until the report has been received.

3. Failure to timely submit a manuscript that in the reasonable judgment of OMSF is suitable for publication shall be cause for repayment of the Fellowship funds by the Fellow.

**B. Publications**

1. Fellows and Sponsoring Institutions are encouraged to publish the results of their investigations in a clinical/scientific journal appropriate to the work and are free to disseminate such results through public communication media. When there is a publication, authors must acknowledge OMSF support by attaching the following footnote:

*"This investigation was supported (in part) by a Clinical Surgery Fellowship awarded by the Oral and Maxillofacial Surgery Foundation"*

2. Fellows and Sponsoring Institutions must submit to OMSF a copy of all publications resulting from the work of the Fellowship to complete the permanent project file. This requirement extends until two (2) years after completion of the Fellowship.

**The application to be submitted is included as the final pages of this booklet.**

**Submit the completed application to OMSF via our FTP site: <ftp.omsfoundation.org>.**

Directions for the FTP site can be found at [www.omsfoundation.org](http://www.omsfoundation.org).

**Deadline: July 15, 2010 – 5:00 p.m. Eastern Time**

**NO facsimile or paper copies will be accepted.**

**Oral and Maxillofacial Surgery Foundation  
Please call 847-233-4325 with any questions.**



*Oral and Maxillofacial Surgery Foundation*

***Clinical Surgery Fellowship  
Application***  
*(Version 10.0 – 01/10)*

**Applications deadline:**

**5:00 pm EST July 15, 2010**  
**Submit completed application**  
**at [ftp.omsfoundation.org](http://ftp.omsfoundation.org)**

1. ***NAME OF FELLOWSHIP PROGRAM (Facility)***
  
2. ***PRESENT ADDRESS (Address, Street, City, State, Country)***
  
3. ***CLINICAL SURGERY AREA COVERED BY FELLOWSHIP***
  
4. ***FELLOWSHIP PROGRAM DIRECTOR***

**Name:**

**Dental School:**

**Degree & Date:**

**Medical School:**

**Degree & Date:**

**Number of Years of OMS Training:**

**Date Training Completed:**

*Licensure:*

**State**

**Date Completed**

**Dental:**

\_\_\_\_\_

\_\_\_\_\_

**Dental:**

\_\_\_\_\_

\_\_\_\_\_

**Medical:**

\_\_\_\_\_

\_\_\_\_\_

*Board Certification:*

**Specialty**

**Date Completed**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional Experience:**

**(Include Specialty, Type of Practice {private, academic, federal}, Dates and Location)**

**Specialty/Type Practice:**

**Dates/Location:**

**Specialty/Type Practice:**

**Dates/Location:**

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5. Fellowship Program Director Contact Information:

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

6. Fellowship Program Director:

I am a member in good standing of OMSF?

Yes

No

I am a member in good standing of AAOMS?

Yes

No

If you are unsure please contact the Foundation office at 847-233-4325

7. *FELLOWSHIP PROGRAM DIRECTOR BIOGRAPHICAL SKETCH (Submit on Addendum A)*

**Provide a sketch for the Fellowship program director. The sketch should include the following items:**

- a. Credentialed for clinical privileges in procedures for which Fellowship is offered.
- b. Faculty teaching appointments and affiliations.
- c. Professional society memberships.
- d. Scientific papers presented or published by the Fellowship program director which are relevant to the proposed work (include title, location and dates of presentation or publication)

8. *STATE MEDICAL/DENTAL LICENSURE (Submit on Addendum B)*

9. *MEDICAL MALPRACTICE COVERAGE (Submit on Addendum C)*

10. *LEVEL OF RESPONSIBILITY OF FELLOW (Submit on Addendum D)*

11. *FELLOWSHIP FUNDING (Submit on Addendum E)*

12. *ACCREDITED ORAL AND MAXILLOFACIAL SURGERY RESIDENCY PROGRAM (Submit on Addendum F)*

13. *PROFESSIONAL ACTIVITY PLAN (Submit on Addendum G)*

**The plan is not to exceed ten (10) pages. Include a description of plans for clinical investigation and clinical activity during Fellowship including the objectives and responsibilities in each area. Include the apportionment of time to each area.**

14. *SPONSORING INSTITUTION AGREEMENT (Submit on Addendum H)*

15. *CLINICAL SURGERY FELLOW'S BIOGRAPHICAL SKETCH (Submit on Addendum I)*

16. *CLINICAL SURGERY FELLOW'S AGREEMENT (Submit on Addendum J)*

17. *LIST OF OTHER FACULTY TO BE INVOLVED WITH FELLOWSHIP*

1.

2.

3.

4.

5.

18. *DESCRIBE FUTURE PLANS FOR APPLYING THE KNOWLEDGE AND SKILLS THE FELLOW WILL GAIN FROM THE FELLOWSHIP (please describe below)*

**Addendum A (Fellowship Program Director Biographical Sketch)**

*NAME OF SPONSORING INSTITUTION:*

**FELLOWSHIP PROGRAM DIRECTOR BIOGRAPHICAL SKETCH:**

**Addendum B (State Medical/Dental Licensure)**

***NAME OF SPONSORING INSTITUTION:***

**IS STATE MEDICAL/DENTAL LICENSURE REQUIRED OF FELLOWS WHILE IN FELLOWSHIP PROGRAM?**

Medical:

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

Dental:

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

If NO, below please explain conditions (if any) relative to institutional licensure, permits, etc.

**Addendum C (Medical Malpractice Coverage)**

***NAME OF SPONSORING INSTITUTION:***

**DOES INSTITUTION PROVIDE MEDICAL/DENTAL MALPRACTICE COVERAGE FOR FELLOW?**

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

If YES, below please provide amount of coverage provided and carrier to underwrite.

**Addendum D (Level of Responsibility of Fellow)**

*NAME OF SPONSORING INSTITUTION:*

**WILL THE FELLOW BE GIVEN THE OPPORTUNITY TO FUNCTION AS A PRIMARY SURGEON (WHEN DEEMED APPROPRIATE, BASED UPON FELLOW'S BACKGROUND, EXPERIENCE AND DEMONSTRATED COMPETENCE)?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**Please explain briefly the Fellow's primary function and level of responsibility during period of Fellowship.**

**Addendum E (Funding for Fellowship)**

*NAME OF SPONSORING INSTITUTION:*

**DO YOU CURRENTLY HAVE FUNDING FOR THE PROPOSED FELLOWSHIP?**

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

**If YES, below please describe the amount of funding received and source(s) of funding.**

**Addendum F (Accredited Oral and Maxillofacial Surgery Residency Program)**

*NAME OF SPONSORING INSTITUTION:*

**DO YOU CURRENTLY HAVE A CODA ACCREDITED ORAL AND MAXILLOFACIAL SURGERY RESIDENCY PROGRAM?**

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

If YES, below please describe the relationship and impact of the Fellowship on the training of residents.

**Addendum G (Professional Activity Plan)**

***NAME OF SPONSORING INSTITUTION:***

**PROFESSIONAL ACTIVITY PLAN:**

**Addendum H (Sponsoring Institution Agreement)**

\_\_\_\_\_ (the “Sponsoring Institution”) hereby applies to the Oral and Maxillofacial Surgery Foundation (“OMSF”) to sponsor a Clinical Surgery Fellow and, in connection with such application, states as follows:

**The Sponsoring Institution understands fully the requirements of the Clinical Surgery Fellowship and expressly agrees that it shall abide by and satisfy the terms outlined in these guidelines and with respect to the pay back commitment the option selected by the Fellow:**

- a. The Sponsoring Institution understands that the Clinical Surgery Fellow must agree to commit to teach oral and maxillofacial surgery full-time, at a facility recognized by the American Association of Oral and Maxillofacial Surgeons, for a period of not less than two (2) years consecutively for each year that is supported by OMSF Fellowship funding, OR**
- b. The Sponsoring Institution understands that the Clinical Surgery Fellow must agree to commit to teach oral and maxillofacial surgery part-time (50% salary appointment), at a facility recognized by the American Association of Oral and Maxillofacial Surgeons, for a period of not less than five (5) years consecutively for each year that is supported by OMSF Fellowship funding. The part-time position must be an established faculty position with specific responsibilities documented by the program director consistent with policies in effect within the institution.**

**A Fellow who fails to meet one of these two pay back commitment options must repay to OMSF the full amount of the funds paid by OMSF, with interest at 2% over the prime rate. Such payment must be made within one year after the completion of the Fellowship if the Fellow has not undertaken one of the two options within that time – or within 60 days after ceasing to fulfill one of the options if the Fellow commences one of the options but fails to complete it.**

**The Sponsoring Institution shall hold the OMSF, its members, examiners, officers, and agents, free from complaint, claim, or damage arising out of any action or omission by any of them in connection with this application, the failure to grant the Sponsoring Institution a Clinical Surgery Fellowship, the administration of the Clinical Surgery Fellowship, the payment of the Fellowship stipend, or any demand for forfeiture and return of such stipend for failure to meet the requirements of the Fellowship. The Sponsoring Institution understands and acknowledges that the decision as to whether it qualifies to sponsor a Clinical Surgery Fellow rests solely and exclusively in the OMSF and that the decision of the OMSF is final.**

**THE SPONSORING INSTITUTION HAS READ THE ABOVE STATEMENTS AND INTENDS TO BE LEGALLY BOUND BY THEM. AGREED:**

**FELLOWSHIP PROGRAM DIRECTOR**

**INSTITUTION ADMINISTRATOR**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**NAME and TITLE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

**Addendum I (Clinical Surgery Fellow’s Biographical Sketch)**

**NAME OF FELLOWSHIP INSTITUTION:**

**FELLOW’S BIOGRAPHICAL SKETCH:**

Name:

Dental School:

Degree & Date:

Medical School:

Degree & Date:

Number of Years of OMS Training:

Date Training Completed:

Licensure:

State

Date Completed

Dental:

\_\_\_\_\_

\_\_\_\_\_

Dental:

\_\_\_\_\_

\_\_\_\_\_

Medical:

\_\_\_\_\_

\_\_\_\_\_

Board Certification:

Specialty

Date Completed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Experience:

(Include Specialty, Type of Practice {private, academic, federal}, Dates and Location)

Specialty/Type Practice:

Dates/Location:

Specialty/Type Practice:

Dates/Location:

Two-year faculty commitment will be fulfilled at:

**Addendum J (Clinical Surgery Fellow’s Agreement)**

**CLINICAL SURGERY FELLOWSHIP  
FELLOW’S AGREEMENT**

I hereby accept the position of Clinical Surgery Fellow in a Fellowship funded, by the Oral and Maxillofacial Surgery Foundation (“OMSF”). I understand that OMSF will not exercise any control over my practice or my research in the Fellowship. I have read the OMSF guidelines and I understand fully the requirements of the Clinical Surgery Fellowship. I expressly agree to abide by and to satisfy the terms outlined in these guidelines and with respect to the pay back commitment the option that I select:

- a. I expressly agree that I must commit to teach oral and maxillofacial surgery full-time, at a facility recognized by the American Association of Oral and Maxillofacial Surgeons, for a period of not less than two (2) years consecutively for each year that is supported by OMSF Fellowship funding, OR**
- b. I expressly agree that I must commit to teach oral and maxillofacial surgery part-time (50% salary appointment), at a facility recognized by the American Association of Oral and Maxillofacial Surgeons, for a period of not less than five (5) years consecutively for each year that is supported by OMSF Fellowship funding. The part-time position must be an established faculty position with specific responsibilities documented by the program director consistent with policies in effect within the Institution.**

**A Fellow who fails to meet one of these two pay back commitment options must repay to OMSF the full amount of the funds paid by OMSF, with interest at 2% over the prime rate. Such payment will be made within one year after the completion of the Fellowship if the Fellow has not undertaken one of the two options within that time – or within 60 days after ceasing to fulfill one of the options if the Fellow commences one of the options but fails to complete it.**

I hereby agree to hold the OMSF, its officers, directors, members, employees, and agents, harmless from any complaint, claim, or damage arising out of any action or omission by any of them in connection with the grant of the Clinical Surgery Fellowship, the administration of the Clinical Surgery Fellowship, the payment of the Fellowship stipend, or any demand for forfeiture and return of such stipend for failure to meet the stated requirements of the Fellowship.

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND I INTEND TO BE LEGALLY BOUND BY THEM.**

AGREED:

CLINICAL SURGERY FELLOW

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

WITNESSED:

FELLOWSHIP PROGRAM DIRECTOR

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE