



Application as Host Clinic for the 2016 CEORL-Fellowship in Otology-Neurotology

Thank you for your interest in acting as host clinic for the CEORL-HNS Fellowship 2016 in Otology-Neurotology. Please fill in the application template electronically – if additional pages are required, they may be included in the submission as separate pdf-files
Deadline for applications: Tuesday, May 31, 2016

Name and address of institution

Name of institution: _____

Address: _____

ZIP/Postal Code: _____ City: _____

Country: _____

Fellowship Contact Person

First Name: _____ Last Name: _____

Telephone: _____

Email: _____

Official recognitions
Chair, medical staff, residents in training

Office/Outpatient-based activities of the Department (incl. audiology, phoniatriy, neuro-otology, cochlear implant center)

Number of hospital beds allocated to Department: _____

Number of otological surgical procedures performed in 2015

Total number: _____

General anaesthesia: _____

Local anaesthesia: _____

Elective procedures: _____

Emergency procedures: _____

Grommet insertion: _____

Intratympanic pharmacological treatments: _____

Cortical Mastoidectomy: _____

Canal wall down procedures: _____

Combined Approach Tympanoplasty (CAT): _____

Tympanoplasty type I: _____

Tympanoplasty type II-III: _____
 Revision tympanoplasty: _____
 Stapedotomy/stapedectomy: _____
 Revision stapes surgery: _____
 Subtotal petrosectomy: _____
 Facial nerve rerouting / reconstruction / anastomosis: _____
 Tuboplasty /-dilation: _____
 Glomus tumor surgery: _____
 Middle ear surgeries for complications (except mastoiditis): _____
 Cochlear implantation: _____
 Brain stem implantation: _____
 BAHA: _____
 Active middle ear implant surgery: _____
 Lateral skull base surgery: _____
 Surgery for atretic external auditory ear canal: _____
 Otoplasty surgery: _____

Checklist of available diagnostic, surgical and therapeutic equipments

Please select Yes or No

	Yes	No
ABR	<input type="checkbox"/>	<input type="checkbox"/>
ASSR	<input type="checkbox"/>	<input type="checkbox"/>
EcohG	<input type="checkbox"/>	<input type="checkbox"/>
OAE	<input type="checkbox"/>	<input type="checkbox"/>
Tympanometry	<input type="checkbox"/>	<input type="checkbox"/>
Video-nystagmography	<input type="checkbox"/>	<input type="checkbox"/>
Neuromonitoring	<input type="checkbox"/>	<input type="checkbox"/>
Navigation system	<input type="checkbox"/>	<input type="checkbox"/>
CO ₂ Laser (axial)	<input type="checkbox"/>	<input type="checkbox"/>
CO ₂ Laser (fibre delivery)	<input type="checkbox"/>	<input type="checkbox"/>
Argon laser	<input type="checkbox"/>	<input type="checkbox"/>
KTP laser	<input type="checkbox"/>	<input type="checkbox"/>
Diode laser	<input type="checkbox"/>	<input type="checkbox"/>
Other surgical lasers	<input type="checkbox"/>	<input type="checkbox"/>

Description and site of temporal bone laboratory facilities

(number of sets/stations, availability of temporal bones, availability of simulation for temporal bone drilling [e.g. Voxel-Man Tempo] etc)

Main lines of research of the Department

Organisation of Congresses and Courses (2010-2016) in native and foreign languages

Description of existing programmes intended for foreign visitors, e.g. international mentoring programme or similar

Language Requirements for Fellow

Please include the following files as separate pdf-files:

- **List of publications** (2010-2016, journals)
- **List of publications** (2010-2016, book chapters)
- **List of theses** (graduate and postgraduate theses)
- **List of grants**
- **Visitors / fellows** (2010-2016)
- **Chair's brief biography**
- **Letter of Intent, signed by Chair**

For any inquiries, please contact:

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