Fellowship

This advanced fellowship opportunity is one year of hospital based Oral and Maxillofacial Surgery centered at Mercy Medical Center in suburban Saint Louis, Missouri. The goal of this experience is to provide extensive exposure and advanced clinical training for the Fellow in facial cosmetic, reconstructive, orthognathic and TMJ surgery. Additionally complex and full arch dental implantology, with Board Certified Prosthodontic collaboration that includes a digital workflow and photogrammetry will be emphasized. The singular focus is to train surgeons to be competent in full-scope Oral and Maxillofacial Surgery. The diagnosis, interdisciplinary planning, treatment and management of patients will be the core of this fellowship training. Candidates must have completed an approved OMFS residency. Missouri dental and/or medical licensure is required. Salary, benefits and continuing education allowance are included. Income enhancement through intramural practice is available.

2026-2027 Fellowship Application

PERSONAL INFORMATION:

Applicant Name: _____

Address: _____

_____

Home Phone: _____ Office Phone:_____

Cell Phone: _____ E-mail: _____

Date of Birth: _____ Birthplace: _____

Gender: _____ Citizenship: _____

EDUCATION:

Dental School: _____

Date of Graduation: _____ Percentile Rank/GPA: _____

ADVANCED DEGREE:

School: _____

Year: _____ Degree: _____

Course of Study: _____

UNDERGRADUATE DEGREE:

School: _____

Year: _____ Degree: _____

INTERNSHIPS/RESIDENCIES/FELLOWSHIPS:

Institution: _____

Address: _____

Chairman/Chief of Staff: _____ Speciality: _____

Dates of Training (mm/yy): From: _____ To: _____

Institution: _____

Address: _____

Chairman/Chief of Staff: _____ Speciality: _____

Dates of Training (mm/yy): From: _____ To: _____

Institution: _____

Address: _____

Chairman/Chief of Staff: _____ Speciality: _____

Dates of Training (mm/yy): From: _____ To: _____

PRACTICE/EMPLOYMENT HISTORY:

Employer: _____

Address: _____

Position: _____

Dates (mm/yy): From: _____ To: _____

Employer: _____

Address: _____

Position: _____

Dates (mm/yy): From: _____ To: _____

REFERENCES:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

RESEARCH/PUBLICATIONS:

Please list any previous research or publications (use additional sheets if necessary):

Please attach a recent 2”x2” photograph

Attach

Photo

Here

Please attach the following documents:

- Letter of recommendation from our OMS Program Director
- Resume and/or Curriculum Vitae
- Brief statement (300 words) of why you should be considered for this Fellowship Program

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that falsified statements on the application shall be considered sufficient cause for denial of receipt of a fellowship.

_____ _____

Applicant's Signature Date