



# Asian Pacific Craniofacial Association

Send all correspondence to: APCA Secretariat, C/- Craniofacial Australia, 226 Melbourne Street, North Adelaide SA 5006 AUSTRALIA  
Tel: +618 8267 5811 Fax: + 618 8267 5154 Email: [ProgramsManager@acmff.org.au](mailto:ProgramsManager@acmff.org.au)

## APPLICATION FOR ACTIVE MEMBERSHIP

LAST NAME: ..... FIRST NAME: .....

D.O.B.: ..... QUALIFICATIONS:.....

ADDRESS: .....  
.....  
.....  
.....

TELEPHONE:..... MOBILE:.....

EMAIL: .....

Have you had:

1. Six months training in Craniofacial Surgery? Yes  No

Training Institution:.....

Name and Address of Director:.....  
.....

2. Five years active practice in Craniofacial Surgery? Yes  No

Location(s): .....

Are you:

1. An active member of a major medical specialty society serving this specialty in the respective country of the Asian Pacific Region? Yes  No

Name of Society and Country: .....

NAME OF SPONSOR(S): .....

SIGNATURE OF SPONSOR(S): .....

Please indicate how you wish your name to appear on your certificate of membership

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**ADDITIONAL MATERIAL FOR ACTIVE MEMBERSHIP APPLICATION:**

1.Applicants are required to submit a list of operations performed in the previous two years. A percentage of these should be of the intracranial type (see Appendix A). *Please attach the typed list to this application form.*

2.Applicants are required to submit a list of members of their clinical team. *Please attach the typed list to this application form.*

3.Applicants are required to have published at least two papers on the subject of craniofacial surgery. *Please attach a typed list of publications and scientific contributions to this application form and attach full Curriculum Vitae.*

**Please forward this application and attachments to the:**

**APCA Secretariat, C/- Craniofacial Australia, 226 Melbourne Street, North Adelaide,  
South Australia, 5006, AUSTRALIA      Email: [ProgramsManager@acmff.org.au](mailto:ProgramsManager@acmff.org.au)**

**APPENDIX A**

**CRANIUM**

OSTEOTOMIES (eg in craniosynostosis)

FRONTAL ADVANCEMENT

1. unilateral, without orbit
2. unilateral, with partial orbit
3. unilateral, with total orbit
4. bilateral, without orbit
5. bilateral, with partial orbit
6. bilateral, with total orbit

RECONSTRUCTION

1. full thickness skull with bone graft
2. full thickness skull with other material
3. onlay to skull with bone graft
4. onlay to skull with other material

TUMOR RESECTION

ACUTE TRAUMA

**MAXILLA**

OSTEOTOMIES

1. Le Fort III – intracranial with forehead advancement
2. Le Fort III – intracranial without forehead advancement
3. Le Fort III – subcranial
4. Le Fort II
5. Le Fort I
6. Segmental

RECONSTRUCTION

1. inlay with bone graft
2. inlay with other material
3. onlay with bone graft
4. onlay with other material

TUMOR RESECTION

ACUTE TRAUMA

**ORBIT**

OSTEOTOMIES

1. unilateral, total – intracranial
2. unilateral, partial – subcranial
3. unilateral, partial – intracranial
4. bilateral, total – intracranial
5. bilateral partial - subcranial
6. bilateral partial – intracranial

RECONSTRUCTION

1. inlay with bone graft
2. inlay with other material
3. onlay with bone graft
4. onlay with other material

TUMOR RESECTION

ACUTE TRAUMA

**MANDIBLE**

OSTEOTOMIES

1. unilateral
2. bilateral
3. segmental

RECONSTRUCTION

1. inlay with bone graft
2. inlay with other material
3. onlay with bone graft
4. onlay with other material

TUMOR RESECTION

ACUTE TRAUMA