## **The fellowship in Craniofacial and Special Needs Orthodontics is a one-year fellowship based at Children’s Hospital Los Angeles (CHLA) and fully accredited by the American Dental Association’s Commission on Dental Accreditation. The fellowship is affiliated with the Center for Craniofacial Molecular Biology of the Ostrow School of Dentistry of the University of Southern California, Shriners Hospital for Children and Kaiser Hospital. The CHLA craniofacial team is comprehensive and treats a large number of patients with facial birth defects.**

**Fellows will be expected to participate in clinical care, journal club and craniofacial and orthognathic conferences, attend courses on genetics, research design and curriculum development and conduct original research. The fellows will learn nasoalveolar molding, model surgery and different approaches for treating craniofacial anomalies. The goal of the fellowship is to prepare the fellow for handling the orthodontic responsibilities in a craniofacial team. The secondary goals are to equip the fellow with skills to teach in an academic environment and to conduct independent research. Applications are due by November 1st for August 1st start date for the following year. Please email all application information to** **cffpdentistry@chla.usc.edu****.**

**All applicants must be graduates of an accredited orthodontic residency program and can provide orthodontic care. International applicants must provide their own funding through their own hospitals, universities or national government scholarship programs and must be interviewed for English skills as part of the review process. Please send two letters of recommendations and reference contact information, a transcript and explanation of what the training if necessary, a curriculum vitae and answers to the following questions:**

**Name:**

**Correspondence Address:**

**Phone number:**

**Email:**

**Are you currently a faculty member or are part of a craniofacial team? Y N**

**If yes, which craniofacial team or university?**

**Work/Study VISA required? Y N**

**US or Canadian trained-orthodontist \_\_\_ International orthodontist \_\_\_**

**Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Green Card Holder: Y N**

**Dental School: dates:**

**Orthodontic residency: dates:**

**Number of years: \_\_\_\_\_\_\_\_\_ Number of patients treated in residency \_\_\_\_**

**\_\_\_\_Transcript or list of courses in orthodontics:**

**\_\_\_\_References**

**\_\_\_\_Interests outside of orthodontics**

**\_\_\_\_Can come for interview**

1. **Please write a short 150 word essay on how will you use this training in the future.**

1. **Please write a paragraph about craniofacial research interests.**