

International Directory of Maxillofacial Prosthetic Programs



Information about Maxillofacial Prosthetic Training Program

Name of Institution:

Name of Department in which the Program is Located:

Title of the Program:

Do you agree with your contact information appearing in the database of Maxillofacial Prosthetic Training Programs that will be assembled by the ISMR & AAMP.

Program Coordinator

Name: Email Address:

Mailing Address:

City: Prov/State: Postal Code: Country:

Telephone Number: Fax Number:

Program Structure

1. Is the maxillofacial prosthetic education and training a separate program that follows on completion of a Prosthodontic program?

If yes, duration of Program: Months

or

2. Is the maxillofacial prosthetic education and training program incorporated into the prosthodontic program?

If yes, duration of Program in Prosthodontics: Months

3. How many residents in maxillofacial prosthetics do you accept per year?

4. Does the program accept foreign students?

If yes, please state the conditions of entry into the program:

5. When was the last student intake to your Maxillofacial Prosthetic program year.

6. Is prosthodontics registerable as a specialty in your country?

7. Is maxillofacial prosthetics registerable in your country as a: specialty sub-specialty

8. COMMENTS