Information about Maxillofacial Prosthetic Training Program

Name of Institution: The University of Tokyo Hospital
Name of Department in which the Program is Located: Department of Oral-Maxillofacial Surgery, Dentistry, and Orthodontics
Title of the Program: (none)

Do you agree with your contact information appearing in the database of Maxillofacial Prosthetic Training Programs that will be assembled by the ISMR & AAMP? no

Program Coordinator
Name: Oki, Meiko Email Address: okim-ora@h.u-tokyo.ac.jp
Mailing Address: 7-3-1, Hongo, Bukyo-ku
City: Tokyo Prov/State: Tokyo Postal Code: 113-8655 Country: JAPAN

Program Structure

1. Is the maxillofacial prosthetic education and training a separate program that follows on completion of a Prosthodontic program? no
   If yes, duration of Program: ___ Months
   or

2. Is the maxillofacial prosthetic education and training program incorporated into the prosthodontic program? no
   If yes, duration of Program in Prosthodontics: ___ Months

3. How many residents in maxillofacial prosthetics do you accept per year? no
4. Does the program accept foreign students? no
   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? yes
7. Is maxillofacial prosthetics registerable in your country as a: specialty sub-specialty
8. COMMENTS

Thank you for your cooperation. Dr Johan Wolfaardt on behalf of the ISMR & AAMP