General Information: Department of Otolaryngology  
University of Miami, Miller School of Medicine

Although most of the activities related to this program (Rhinology Minifellowship Program) will be under the direct tutorial supervision of Dr Roy R Casiano, there will be ample opportunity to observe other faculty upon request, or to schedule additional observerships or minifellowship (where applicable) with other otolaryngology disciplines mentioned below. For a more information regarding our clinical programs and faculty, please refer to our website at ent.med.miami.edu.

Departmental Divisions:
- Head & Neck/Microvascular Surgery Service
- Otology/Neurotology Service
- Facial Plastics/Reconstructive Surgery Service
- Pediatric Otolaryngology Service
- General Otolaryngology Service
- Rhinology and Endoscopic Skull Base Program
- Allergy
- Laryngology
- Voice and Swallowing therapy
- Sleep Medicine: Apnea/Snoring

Main teaching hospitals at the Medical Center Campus (Downtown Miami):
- Jackson Memorial Hospital (JMH)
- University of Miami Hospital (UMH)
- Sylvester Cancer Center (SCCC)

Sample of activities observed at the Medical Center Campus (Downtown Miami):
- University of Miami Clinical Research Bldg 5th Floor
  - UM Vocal Disorders Laboratory:
    - Diagnosis and management of vocal/airway disorders in a multidisciplinary fashion
    - Videostrobolaryngoscopies
    - Acoustical Analysis and other objective voice measurements
    - Botox Clinic and outpatient clinic-based transcervical Injection Medialization Laryngoplasties
  - UM Sinus and Endoscopic Skull Base Clinic:
    - Diagnosis and management of sinonasal disorders
    - Endoscopic debridements and postoperative management of endoscopic sinus surgical patients
    - Optional Allergy Clinic
  - UM Ear Institute
    - Audiology
- Cochlear Implant Center
- Tinnitus Center
- Dizziness Center
- Neurotology

- Bascom Palmer Eye Institute
  - Pediatric otolaryngology clinic and OR’s

- Sylvester Cancer Center Head and Neck Clinic
  - Preoperative and postoperative assessment of all head and neck cancer patients
  - Multidisciplinary weekly head and neck tumor conference

- Common Surgical Procedures (SCCC, UMH or JMH):
  - Phonosurgery
  - Airway Reconstruction (laryngotracheal stenosis and bilateral vocal fold paralysis)
  - Upper airway endoscopies (bronchoscopy, esophagoscopy, microlaryngoscopies)
  - Endoscopic sinonasal surgical procedures for chronic inflammatory and neoplastic disease
  - Endoscopic skull base surgery in a multidisciplinary fashion
  - Sleep apnea procedures
  - Other general otolaryngologic procedures
  - Major head and neck procedures with/without microvascular reconstruction
  - Facial plastics and reconstructive surgery
  - Cochlear implantation, neurotologic and otologic surgery
Objectives: Rhinology Minifellowship Program

Roy R. Casiano, MD
Professor & Vice Chairman
Director: Rhinology and Endoscopic Skull Base Surgery Program
Department of Otolaryngology, Head & Neck Surgery
University of Miami, Miller School of Medicine

Initial 3-week Minifellowship Program objectives:
This program is designed for senior residents in otolaryngology, or otolaryngologists in practice. It focuses heavily on endoscopic surgical anatomy and common surgical techniques. Easy to use anatomical landmarks and a step-wise approach toward endoscopic sinonasal surgery are reviewed for a variety of benign and malignant sinonasal disorders. Participants will have hands-on experience with basic surgical anatomy and techniques (turbinate and septal surgery, ethmoidectomy, maxillary/frontal/sphenoidal sinusotomies), as well as advanced surgical anatomy and techniques (extended sinusotomies, and endoscopic surgery of the orbit and skull base). This will involve multiple fresh cadaveric dissections (minimum of 1 dissection per week), lectures, and observation in the operating rooms and clinics. Only 2 participants will be limited per 3 week session. It also includes the following:

- Access to an extensive library of edited surgeries, illustrating a variety of endoscopic transnasal procedures to address inflammatory, as well as benign and malignant neoplasms, of the sinuses, orbit, and skull base.
- Access to Departmental weekly teaching conferences currently available to fellows and residents.
- Instruction on the use of simple video editing software to edit O.R. videos from cases observed (optional).
- Suggested reading materials provided, including a complimentary copy of Dr Casiano’s Endoscopic Dissection Manual.
- Complimentary access to the University of Miami Calder Medical Library.
- Lectures on endoscopic sinonasal, orbital, and skull base anatomy.
- Observation in the operating rooms and in the outpatient clinics; observing new patient workup, in-office procedures, as well as the preoperative, intraoperative, and postoperative care of patients.

Refresher program (3-Weeks):
The objectives for this program are the same as for the initial minifellowship rotation above.

Course Focus:
- This program is designed as a refresher course, for those participants desiring further experience in our anatomical dissection lab, and/or observation in the clinics and OR.

Hands-on and Academic activities for the Rhinology Minifellowship Program:
- Assigned laboratory dissections on fresh cadavers (minimum one cadaver per week)
- Endoscopic sinonasal anatomy lectures by senior faculty
- Optional attendance at all departmental academic activities (Grand Rounds, Core Curriculum, Tumor Conference, etc.)

Responsibilities of Participant(s):
- The minifellowship program is strictly an observational tutorial program, which does not permit any direct patient care or contact. It also is not related to any research activities at the University of Miami.
- Participant will be responsible for their own room and board, and transportation, although lodging recommendations will be provided.
- A down-payment of $500 is required once a date has been reserved. Failure to will result in cancellation of the reserved date.
- Second payment in the amount of 50% of Balance is due 120 days prior to start date:
- Failure to show up for the minifellowship will result in forfeiture of the deposit
- Participants are expected to act professionally at all times, and follow all rules and guidelines provided to them upon their arrival.
Sample of Weekly Clinical Schedules

<table>
<thead>
<tr>
<th>Dr. Roy R. Casiano’s Weekly Schedule</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
</tr>
<tr>
<td>Plantation Clinic (PM)</td>
</tr>
<tr>
<td><strong>Locations:</strong> 8100 SW 10th Street</td>
</tr>
<tr>
<td>– Plantation FL 33324</td>
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<tr>
<td>Tuesday</td>
</tr>
<tr>
<td>In Clinic</td>
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<tr>
<td><strong>Location:</strong> CRB</td>
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<tr>
<td>Wednesday</td>
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<tr>
<td>In Surgery</td>
</tr>
<tr>
<td><strong>Location:</strong> University of Miami Hospital and Clinics/SCCC</td>
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<tr>
<td>Thursday</td>
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<tr>
<td>In Surgery UMH</td>
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<tr>
<td>Friday</td>
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<tr>
<td>Administrative</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr. Jose W. Ruiz’s Weekly Schedule</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
</tr>
<tr>
<td>In Surgery</td>
</tr>
<tr>
<td><strong>Locations:</strong> UMH</td>
</tr>
<tr>
<td>Tuesday</td>
</tr>
<tr>
<td>In Clinic</td>
</tr>
<tr>
<td>Plantation: 1st and 3rd week of the month</td>
</tr>
<tr>
<td>Kendall: 2nd and 4th week of the month</td>
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<tr>
<td>Wednesday</td>
</tr>
<tr>
<td>In Clinic</td>
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<tr>
<td><strong>Location:</strong> CRB</td>
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<tr>
<td>Thursday</td>
</tr>
<tr>
<td>In Clinic</td>
</tr>
<tr>
<td><strong>Location:</strong> In CRB</td>
</tr>
<tr>
<td>Friday</td>
</tr>
<tr>
<td>In Surgery (AM)</td>
</tr>
</tbody>
</table>

***Please note, availability of fresh cadavers is a minimum of 1 per week***
Biographical Information for Visiting Physicians & Other Professionals
Department of Otolaryngology
University of Miami, Miller School of Medicine

Program participation: from ________________ to ________________

Your name in full:_____________________________________________  Age:___________  Sex:__________

Current address:____________________________________________________  Telephone:______________
Street Address                      City               State                           Country

Permanent home address:____________________________________________  Telephone:______________
Street Address                      City               State                           Country

Place of birth:_______________________ Date of birth:____________________  Citizenship:______________

Your marital status: __________ Spouse’s name: _____________________________ Ages of children: _______

If single, nearest relative: _______________________________________   Relation:______________________

Relative's address: __________________________________________________ Telephone:______________

Medical school: __________________________________________________  Date graduated:_____________

Indicate languages spoken fluently:_____________________________________________________________

Indicate the activities in which you wish to participate. Please include length of time in each:
________________________________________________________________________________________
_____________________________________________________________________________________________
_______________________________________________________________________________________

Special clinical and/or research experience, if any:________________________ _________________________
________________________________________________________________________________________
________________________________________________________________________________________

Membership in professional societies: ___________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Professional practice, location and dates: _________________________________________________________
_____________________________________________________________________________________________
________________________________________________________________________________________

Present appointment:________________________________________________________________________
Name: ______________________________________________ Title: ______________
Address: _______________________________________________________________________
City: __________________________ State: ____________ Zip Code: ______________
Phone: (_______)______________________Fax: _______________________________
E-Mail Address: ________________________________________________________________
Preferred program dates: ________________________________________________

Indicate which program(s) you are interested in:

☐  Deposit - $500.00 (nonrefundable and will be applied to total cost of program)
☐  2nd Deposit – 50% of Balance (will be applied to total cost of program)

☐  Initial Rhinology Minifellowship Program for 3 weeks (multiple dissections): $3,500
☐  Refresher Rhinology Minifellowship Program for 3 weeks (multiple dissections): $3000
   (must have taken Initial Minifellowship Program above)
☐  Rhinology Minifellowship Program for 1 week: $2100 (if only 1 participant
   using one specimen; 2 sides)
☐  Rhinology Minifellowship Program; 1 week for $1600 (if 2 participants sharing
   one specimen; 1 side per participant)
☐  Otology Minifellowship Program (with temporal bone dissection); 4 weeks for $3000
   (with dissection )
☐  Multidisciplinary Cosmetic Medicine Program; $2200 per month
☐  Observerships in Otolaryngology Subspecialties; $2000 per month (minimum
   of 2 weeks per subspecialty). If this program is selected, please fill out the
   table on the next page specifying your subspecialty preferences.

*Note that deposit is unnecessary if you pay the entire program costs up front.
### Observership Subspecialty Rotations

<table>
<thead>
<tr>
<th>Rotations</th>
<th>Please specify the number of weeks and which subspecialties you prefer to rotate through (minimum of 2 weeks per subspecialty rotation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laryngology</td>
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<tr>
<td>Rhinology/Endoscopic Skull Base Surgery</td>
<td></td>
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<tr>
<td>Otology/Neurotology</td>
<td></td>
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<tr>
<td>Pediatric Otolaryngology</td>
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<tr>
<td>Head and Neck Surgery/Microvascular Reconstruction</td>
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<tr>
<td>Snoring and Sleep Apnea Surgery</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL WEEKS:**

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**Total Program(s) Costs:** __________________________________

**Paid (Date):** ___________________________________________ (Includes $500 deposit)

**Payment Balance:** ________________________________
Method of Payment

☐ Electronic Bank Transfer:
  Wire Routing Transit Number: (RTN/ABA) 121000248
  Nombre de Banco: Wells Fargo Bank, N.A.
  Dirección de Banco: 420 Montgomery San Francisco, CA 94104
  BNF / Field: 4200
  Beneficiary Account Number: 063107513 / 1942114271
  SWIFT BIC: WFBIUS6S
  CHIPS Participant: ABA0407
  Beneficiary: Pan American Rhinology (Pan American Association of Otolaryngology
  Head & Neck (PMRM).

☐ Please charge the amount US$__________________ to the following credit card:
  □ Visa®  □ MasterCard®  □ American Express®  Four digit security code________

Card Number __________________________________________________________
Expiration Date _________________________________________________________
Name Listed on the Card _________________________________________________
Authorized Signature ________________________________________________

You may send by fax, regular mail or e-mail:
Department of Otolaryngology - Attn: Ivis Perez or Ana Chason
1120 NW 14th Street 5th Floor
Miami, Florida 33136
Tel. 305/243-1870/305-243-1451  Fax 305/243-1651/305-2432009
Via e-mail please send to Ivis Perez or Ana Chason:  iperez3@med.miami.edu
                                           achason@med.miami.edu

2015
Check List of Things to Do
Minifellowship Programs

SECTION A
To assure your reservation, please send the following as soon as possible: (Completed)
1. Date you would like to participate. (Provide multiple choices)
2. Complete/SIGN/Return Credit Card Authorization Form (attached). Let us know if you plan an electronic transfer of funds so we can anticipate payment date.
3. Complete/return Biographical Information Form (attached)

Return forms by e-mail to Ivis Perez or Ana Chason:
iperez3@med.miami.edu or achason@med.miami.edu

SECTION B
Please send the following documents required prior to starting your program:
1. Copy of your curriculum vitae.
2. Copy of your medical school diploma.
3. Copy of your current medical license.
4. Copy of your passport.
5. Copy of your Immunization record

Return forms by e-mail to Ivis Perez or Ana Chason:
iperez3@med.miami.edu or achason@med.miami.edu

SECTION C
Payment Schedule
1. To reserve date $500 deposit
   - Complete/SIGN/Return Credit Card Authorization Form
2. 50% of Balance due 120 days prior to start date
   - Complete/SIGN/Return Credit Card Authorization Form
3. Balance due on start day.
SECTION D
Documents and other necessary items to bring with you to at the time of your course:
4. Copy of insurance policy verifying that you will be covered by medical insurance during your stay in Florida.
5. Three O.R. uniforms (scrubs).
6. One white lab coat.
7. Your Visa (B1-B2 Turista) or copy of your ESTA document in accordance of your country of residence.
8. One passport-type photograph.
10. Copy of your Immunization record
11. Pay the balance due on your course fees if any.

SECTION E – ADDITIONAL NOTES:
1. Please, if for any reason you cannot assist the course, then we would require 120-days prior notice by writing or you would lose your deposit and would have to start the application process from the beginning in order to re-apply.
2. Be advised that during your course, Dr. Casiano may be away traveling (from 2-5 days). Regardless, the cadaveric dissections will continue (minimum of one per week). Also, you may observe in the operating rooms with other faculty members (laryngology, head and neck, otology, plastic surgery, etc.), as well as continue your assigned studies online, which are a required part of your course.

SECTION E – CAR RENTAL & SUGGESTED HOUSING:

- If you are interested in renting a car when you arrive in Miami, Below are our discount codes for special rates.

- Avis Reservation: 1-800-338-8211 University of Miami AWD #:B133484
- Dollar Reservation: 1-800-800-4000 University of Miami Corporate ID# TA3895
- Enterprise: Reservations: 1-800-593-0505 University of Miami Discount ID Codes: (NA41127
- Thrifty: Reservations: 1-800-847-4389 University of Miami Discount ID Codes: 0010230614
- Hertz: Reservations: University of Miami Discount ID Codes: (72125)

Housing: It would be ideal to look online for apartments or hotels in the areas of Brickell and Omni where you would be able to take the Metro to the hospital. We can also suggest:

Miami-Brickell-Port of Miami - 298 SW 15th Rd, Miami, FL, 33129.
Phone (305) 856-3700 - mis@extendedstay.com

• Marriott Spring Hill Suites by Marriott: Phone 305-575-5300 – 1311 NW 10 Ave 33136. Please contact Deb Saccavino deb.saccavino@marriott.com (cell 305-575-5304) and she will be able to provide rates and information. This hotel is within walking distance of the hospital. Please mention the University of Miami School of Medicine Code UOM for special rates at any Marriott. [http://cwp.marriott.com/miahd/umhealthsystem](http://cwp.marriott.com/miahd/umhealthsystem).

• Sandra’s Boarding House. 36 SW. 20 Road, Miami, Florida, 33129 (area of Brickell near the Metro station which will bring you to the hospital center). They cater to medical students and other medical visitors. Phone 305-285-0953 or 305-299-0367.

[www.freewebs.com/sandraesquijarosa](http://www.freewebs.com/sandraesquijarosa) e-mail luisandra1@yahoo.com

• Epic Hotel Miami: 270 Biscayne Blvd. Way Miami, Fl 33131 Teléfono (305)424-5226
Reservación:
(1-866)-760-3742

On the day you are scheduled to commence your course, please report to our offices at 9:00 a.m.:

Department of Otolaryngology
1120 NW 14 Street
Clinical Research Building – Fifth Floor Reception
Miami, Florida, 33136

Please let me know if there is anything further I may assist you with.

Sincerely,
Ivis Perez and Ana Chason

updated 7-2015