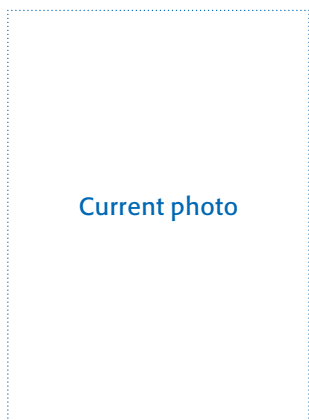


Fellowship Application for Surgeons in an AO Clinic

(only typewriting accepted)



Personal information

Last name: _____

First name: _____

Date of birth: _____

Nationality: _____

Marital status: _____

Full home address: _____

Home phone: _____

Email address: _____

Name of university/hospital: _____

Full address of hospital: (If you are in private practice, please explain your position and indicate name and address of the hospital)

Work phone: _____

Work fax: _____

Present position: _____

Name of head of clinic: _____

Name of head of department : _____

Languages spoken: English French German Spanish Others: _____



Medical school

Name of school:

Full address:

Duration:

Date of graduation:

Post-graduate education—general surgery

Where:

Duration:

Qualification:

Post-graduate education—orthopedic trauma surgery

Where:

Duration:

Qualification:

Details about special training in trauma (shock, polytrauma, closed and open treatment of fractures, hand, spine, maxillofacial)

Where:

Duration:

Have you applied the AO principles and techniques? Yes No

Which implants and instruments were used:

Where:

How long have you been using them:

Are you interested in research? Yes No

In which areas:

Are you active in research? Yes No

Clinical and/or experimental? Please explain:

Have you written any publications? Yes No

(please attach your bibliography)

What do you expect from your stay in an AO clinic?

In which fields are you particularly interested?

- General trauma Hand Foot Pelvis Others
 Craniomaxillofacial

Have you attended an AO Principles Course? Yes No

If yes, where and in which year? (Please enclose a copy of your certificate)

If no, when do you plan to attend one?

Please note: AO Fellowships are only granted to candidates who have completed an official AO Principles Course (workshops, seminars, etc are not acceptable).

What are your future professional goals?

(Please answer as precisely as possible. We wish to consider your future professional goals when assigning your training clinic.)

Do you plan to continue your career at the same clinic? Yes No

Do you have another definite appointment? Yes No

Where:

Position:

Expected duration if fellowship is granted: 4 weeks 6 weeks 8 weeks

Please indicate the most convenient date(s):

(Please note: The months of July and August are generally not recommended due to the summer holiday.)

Do you have any preferred AO Clinic? No preferences

1st Choice:

2nd Choice:

Country:

If you are granted an AO fellowship, are you planning to come alone? Yes No

(Please note: Normally, we can only provide single accomodation.)

Which AO members do you personally know?

(Please explain your association with them)

Other references:

Remarks:

I have read the AO Fellowship program guidelines and accept hereby all conditions.

Signature:

Place and date:

Please enclose the following documents with your application:

- ⊗ Curriculum vitae
- ⊗ Copy of medical school diploma
- ⊗ Copy of AO Principles' Course Certificate
- ⊗ 2 letters of recommendation
- ⊗ List of publications and major lectures given by the applicant
- ⊗ 1 recent passport size photograph
- ⊗ Health Certificate (see page 6 in brochure)
- ⊗ If English is neither the applicant's mother tongue nor the language used by the host clinic, evidence of attendance at an English language course or a course of the language of the host clinic should be enclosed.

Please submit this form and the documents required to:

AO International, Clavadelerstrasse, CH-7270 Davos Platz, Switzerland