

## AOTrauma Fellowship application for surgeons

(only typewriting accepted)

Current photo

### Personal information

Family name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Marital status: \_\_\_\_\_

Full home address:

\_\_\_\_\_

Primary phone: \_\_\_\_\_

Primary e-mail: \_\_\_\_\_

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: \_\_\_\_\_

Head of clinic: \_\_\_\_\_

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  NoWhich implants and instruments were used: \_\_\_\_\_  
\_\_\_\_\_

Where: \_\_\_\_\_

How long have you been using them: \_\_\_\_\_

**Are you interested in research?**  Yes  NoIn 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 AOTrauma Fellowship unit?**

**In which fields are you particularly interested?**

General trauma  Hand  Foot  Pelvis  Others: \_\_\_\_\_

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

**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 AOTrauma Fellowship unit**  No preferences

1<sup>st</sup> Choice:

2<sup>nd</sup> Choice:

Country:

**If you are granted an AOTrauma Fellowship, are you planning to come alone?**  Yes  No

(Please note: We can only provide single accommodation.)

**I am a member or affiliate of AOTrauma**

**Which AO members do you personally know?**

(Please explain your association with them)

**Other references:**

**Remarks:**

**I have read the AOTrauma 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:**

AOTrauma, Fellowships, Stettbachstrasse 6, 8600 Dübendorf, Switzerland  
fellowship@aotrauma.org