



Fellowship Application Form

Application for Surgeons: Clinical Research Fellowship

(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.)

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Work phone:

Work fax:

Present position:

Name of head of clinic:

Name of head of department:

Languages spoken: English French German Spanish Others:

If other, please specify:

Medical school

Name of school:

Full address:

Date of start (mm.yyyy):

Date of graduation (mm.yyyy):

Post-graduate education - orthopedic trauma surgery

Where:

Duration:

Qualification:



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Details about special training in clinical research (EBM-Epidemiology)

Where:

Duration:

Qualification:

Have you completed a previous AO fellowship in an AO clinic? Yes No

Where: When:

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 with AO ITC?



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To which clinical division are you affiliated?

AO Trauma AO Vet AO Recon AO Spine AO CMF

Membership number:

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 Trauma fellowships are only granted to candidates who have completed an official AO Principles Course (workshops, seminars, etc. are not acceptable). For AO CMF fellowships, completing an AO Principles Course is not mandatory.

What are your future professional goals?

(Please answer as precisely as possible)

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

If no, do you have another definite appointment? Yes No

Where:

Position:

Date of start:



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Please indicate the most convenient date(s). Note that the fellowship will take place next year:

(Be aware that the months of July and August are generally not recommended due to summer holidays.)

If you are granted an AO ITC fellowship, are you planning to come alone?

Yes No

Are you considering attending a special course in clinical epidemiology?

No

Yes (Please give details inclusive dates)

Which AO members do you personally know? (Please explain your association with them)

Other references:

Remarks



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Signature:	Place and date:
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1. Curriculum vitae
2. List of publications and major lectures given by the applicant
3. Copy of medical school diploma
4. Copy of AO Principles Course Certificate (only for candidates from AO Trauma)
5. 2 letters of recommendation
6. 1 recent passport size photograph
7. Fellowship Project Outline
8. Copy of ethical approval from competent authorities (only for fellows bringing their own database for analysis). Include a translation to English.

Please submit this form and the documents to:

Electronic format (preferred):	clinicalresearch@aofoundation.org
or	
Paper copies (only if electronic format is not possible):	AO Innovation Translation Center Clinical research fellowship Program Stettbachstrasse 6 8600 Dübendorf, Switzerland