

AO Recon educational activities

Faculty application

First Name _____

Last Name _____

Date of birth _____ (DD/MM/YYYY) male female

Nationality _____

Title / Degrees Dr MD PhD Prof Other _____

Current photo

Specialty

Hip Knee Shoulder Foot and ankle Other _____

Motivation Please describe in few sentences why you would like to become an AO Recon faculty.

Main achievements Please list your main academic achievements to date (publications, memberships, prizes, etc) and experience in orthopedic education (course faculty and/or course leadership).

References Please list references, ideally from surgeons who are already involved in AO Recon.

Kindly send the faculty application form to info@aorecon.org

Your application will be discussed during the next AO Recon Education Forum meeting.