AO SPINE

Fellowship application form

1: Personal information

Personal information

Gender		Place of birth	
Family name		Country of employment	
First name		Nationalities	
Date of birth			

Contact details

Street address		Telephone	
Postcode/zip code		Mobile	
City		E-mail address 1	
Country		E-mail address 2	
State/region			

AO Spine activities

Have you previously completed an AO Fellowship?

Year

Have you previously applied for an AO Fellowship?

Year

Location

Year of course

Have you attended an AO Spine advanced course?

Location

Year of course

Have you attended any AO Spine online educational event in the past 2 years?

1. Event Name	
1. Year of Event	
2. Event Name	
2. Year of Event	
3. Event Name	
3. Year of Event	
4. Event Name	
4. Year of Event	
5. Event Name	
5. Year of Event	

Languages

Native language

English

written*

spoken*

1. Additional language

written*

spoken*

2. Additional language

written*

spoken*

3. Additional language

written*

spoken*

*Level of proficiency
1 equaling basic - 5 equaling proficient

AO SPINE

2: Employment information

Employment information

Current position

Name of hospital

Teaching hospital?		City	
Street address		Country	
Postcode/zip code		State/region	

Head of department

Family name		E-mail address	
First name			

3: Education

Education

Medical school

City		Year of graduation	
Country			

Residency

Have you completed your residency?		Residency hospital	
Year of residency			
If no, which year are you in		City	
		Country	

Awarding board and certification

Are you a board-certified surgeon?

Board qualification

Post-residency training

Specialized experience

4: Fellowship

In which areas are you particularly interested?

First Choice		Third Choice	
Other		Other	
Second Choice			
Other			

Fellowship center

1. Region		1. Country	

1. Host center

2. Region		2. Country	

2. Host center

Fellowship duration

How many weeks would you like to spend on your fellowship?

Time period

1. Beginning in		2. Beginning in	
1. Ending in		2. Ending in	

Learning objectives

Please state two learning outcomes that you could work toward during the fellowship.

What are your future professional intentions?

Additional remarks.

AO SPINE

5: Skills, talents, and interests

Research

How interested are you in research?*

How active are you in research?*

How many preclinical articles
(related to your specialty) do you read per week?

How many clinical scientific articles
(related to your speciality) do you read per week?

How many pre-clinical published papers
have you authored?

How many clinical published papers have you authored?

*1 equals little interest / 5 equals high interest

Communication

How comfortable do you feel speaking in
front of a live audience?*

How comfortable would you feel moderating a
discussion or expert panel?

*1 equals not comfortable at all / 5 equals very comfortable

On-site, face-to-face education

How eager are you to convey knowledge to your peers?*

*1 equals not eager / 5 equals very eager

Online education

How comfortable are you with using a
webcam to share your knowledge?*

*1 equals not comfortable at all / 5 equals very comfortable

Mentor

How experienced are you as a mentor?*

*1 equals inexperienced / 5 equals very experienced

Digital literacy

How digitally literate are you?*

*1 equals able use Microsoft Word/Excel
3 equals ability to use/manage digital databases
5 equals able to program independently using HTML, Javascript, etc

Social media

How much do you contribute on social media
platforms (LinkedIn, Facebook, Instagram, etc)?*

*1 equals not at all
3 equals one account and at least weekly posting
5 equals more than one account and multiple posts weekly

Fellowship community

If approved, I want to include my personal
data in the fellowship community (yearbook).