

AO Alliance (AOA) Surgeon Fellowship Application Form

(only typewriting accepted)

Current photo

Personal data

First name: _____

Family name: _____

Date of birth: _____

Nationality: _____

Marital status: _____

Male / Female: _____

Permanent address:

Phone No: _____

Fax No: _____

E-mail address: _____

Languages spoken: _____

Employment

Hospital: _____

Address: _____

Phone No: _____

Position held in the operating department: (brief job description)

Size of hospital: _____

No of beds: _____

No of surgical theatres (O.R.): _____

Head of department: _____

AO Alliance (AOA) / AO Foundation (AOF) affiliated surgeon:

Professional training

Medical school / Training school:

Duration:

Date of graduation:

Qualification obtained:

Special surgeon training:

Duration:

Date of diploma:

Post-graduate education—general surgery

Where:

Duration:

Qualification:

Professional experiences with AO SEC / AOA / AOF

Experience in trauma/orthopedic surgery:

When did you attend an AO SEC / AOA / AOF event? (Please enclose copy of certificate)

Are you currently involved in AOA/ AOF teaching activities?

Please outline:

How do you see your role in future AOA activities?

Fellowship period

Duration of fellowship requested:

Desired month(s) of the year:

Additional remarks:

Stipend

A stipend will be granted by the AO Alliance (AOA) to the approved fellow as support on living expenses during fellowship period.

Signature of applicant:

Place and date:

Please enclose:

- Curriculum vitae
- Copy of medical school diploma
- Copy of AO SEC / AOA event Certificate
- 1 letter of recommendation from an active AOA / AO Member
- 1 letter of recommendation from the head of hospital of applicant

Please return the completed application form to the AOA Fellowship Coordinator in your region.