

Fellowship Application

Personal information

First name _____ Last name _____

Date of birth (dd/mm/yyyy) _____ Nationality _____

Member No. _____ City _____

Country _____ Email _____

Name of University/Hospital _____

Full address _____

City _____ Country _____ Postcode _____

Current position _____

Language spoken

Mother tongue/native _____ 2nd _____

3rd _____ 4th _____

Medical school

Name of school(s) _____

Date of graduation (mm/yyyy) _____

Postgraduate education

ORTHOPAEDIC

Name of schools(S) _____

Date of graduation (mm/yyyy) _____ Qualification _____

NEUROSURGERY

Name of schools(S) _____

Date of graduation (mm/yyyy) _____ Qualification _____

Details about subspecialty training in spine Please select one pathology

- Trauma Tumor Deformity
 Degeneration Infection Metabolic, Inflammation, Genetic

Date (mm/yyyy) _____

Are you interested in research?

- Yes No

In which areas _____

Are you active in research?

- Yes No Clinical Experimental

Have you had any publications? Please attach your bibliography

- Yes No

Which of the following are your interested research fields?

Please select up to three pathologies

- Trauma Tumor Deformity
 Degeneration Infection Metabolic, Inflammation, Genetic

Have you attended an AO course?

- Yes No

If YES, please attach a copy of your certificate

If NO, which course do you plan to attend? _____

Please note that AOSpine fellowship is only granted to candidates who have completed an AO or AOSpine Course

What is your preferred fellowship duration?

- up to 4 weeks 4-8 weeks 8-12 weeks 6-12 months

Please indicate the most convenient date(s) Please note that July, August and December are generally not recommended due to holidays with reduced staff and surgeries, etc.

Months(s)/Year(s) _____

Do you have a preferred AOSpine Spine Center?

Yes No

1st choice _____

2nd choice _____

Which AOSpine members do you know personally? Please explain your association with them

During your stay in the AOSpine center you may be asked to give a short presentation to your colleagues. Which topic will you prepare?

I have read the AOSpine Fellowship Guidelines and hereby accept all conditions

Date (dd/mm/yyyy) _____

Signature _____

Please enclose the following documents with your application

1. Curriculum vitae
2. Copy of medical school diploma
3. Copy of an official AOSpine course certificate
4. A list of publications and/or lectures written or delivered by the applicant
5. Two referee reports by your superiors
6. Personal statement
7. Proof of language skills in English

Please send the completed application to:

Project Manager
AOSPine Asia Pacific
Unit 2605, Miramar Tower
132 Nathan Road, Tsim Sha Tsui
Kowloon, Hong Kong

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