

AOSpine Fellowship Confidential Report by Referee

(to be completed by the Senior surgeon of the hospital who has good knowledge of the applicant)

This report should be return to the AOSAP office as soon as possible, either directly by the referee; or by the applicant.

Information of applicant

First name _____ Last name _____

Please give detailed information of the positions of responsibility held by the applicant in hospital:

Please give a general profile of the applicant, including areas of strength and weakness:

Name of Referee _____

Name of Institution (Please affix official seal) _____

Position held _____

Relationship with applicant _____

Signature _____ Date _____

Please send the completed report to:

AOSpine Asia Pacific, Unit 2605, Miramar Tower, 132 Nathan Road, Tsim Sha Tsui, Hong Kong
Phone: +852 2581 1797 Fax: +852 2581 1772 Email: aosap@aospine.org