



Application for Surgeons: Clinical Research Fellowship

(Only typewriting accepted)

Current photo

Personal information

Last name: _____

First name: _____

Date of birth: _____

Nationality: _____

Marital status: _____

Full home address:

Home phone:

Email address:

Name of university/hospital:

Full address of hospital: (If you are in private practice, please explain your position and indicate name and address of the hospital.)

Work phone:

Work fax:

Present position:

Name of head of clinic:

Name of head of department:

Languages spoken: English French German Spanish Others: _____

Medical school

Name of school:

Full address:

Date of start (mm.yyyy):

Date of graduation (mm.yyyy):

Post-graduate education: orthopedictrauma surgery

Where:

Duration:

Qualification:

Details about special training in clinical research (EBM-Epidemiology)

Where:

Duration:

Qualification:

Have you completed a previous AO fellowship in an AO clinic? Yes No

Where:

When:

Are you active in research? Yes No

Clinical and/or experimental? Please explain:

Have you written any publications? Yes No

(Please attach your bibliography)

What do you expect from your AO clinical research fellowship?

To which clinical division are you affiliated?

AO Trauma

AO CMF

AO Spine

Membership number: _____

Have you attended an AO Principles Course? Yes No

If yes, where and in which year? (Please enclose a copy of your certificate) _____

If no, when do you plan to attend one? _____

Please note: AO fellowships are only granted to candidates who have completed an official AO Principles Course (workshops, seminars, etc. are not acceptable)

What are your future professional goals?

(Please answer as precisely as possible)

Do you plan to continue your career at the same clinic? Yes No

If no, do you have another definite appointment? Yes No

Where: _____

Position: _____

Date of start: _____

Please indicate the most convenient date(s). Note that the fellowships will be offered next year (2021)

(Be aware that the months of July and August are generally not recommended due to summer holidays.)

If you are granted an AO clinical research fellowship, are you planning to come alone? Yes No

Are you considering attending a special course in clinical epidemiology?

No

Yes (Please give details inclusive dates) _____

Which AO members do you personally know? (Please explain your association with them)

Other references:

Remarks:

Signature:

Place and date:

Please enclose the following documents with your application:

1. Curriculum vitae
2. List of publications and major lectures given by the applicant
3. Copy of medical school diploma
4. Copy of AO Principles Course Certificate
5. 2 letters of recommendation
6. 1 recent passport size photograph
7. Fellowship Project Outline
8. Copy of ethical approval from competent authorities (only for fellows bringing their own database for analysis). Include a translation to English.

Please submit this form and the above documents to:

Electronic format (preferred):

clinicalresearch@aofoundation.org

or

Paper copies (only if electronic format is not possible):

AO Innovation Translation Center
Clinical research fellowship program
Stettbachstrasse 6
8600 Dübendorf, Switzerland