

Please complete this form using  
Adobe Reader or Adobe Acrobat

## Fellowship Application

### Personal information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_\_ Nationality \_\_\_\_\_

Member No. \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Email address \_\_\_\_\_

Name of university/hospital \_\_\_\_\_

Full address of university/hospital

Street \_\_\_\_\_ House No./Name \_\_\_\_\_

City \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Present position \_\_\_\_\_

Languages spoken

Mother tongue/native \_\_\_\_\_ 2nd \_\_\_\_\_

3rd \_\_\_\_\_ 4th \_\_\_\_\_

### Medical school

Name of school(s) \_\_\_\_\_

\_\_\_\_\_

Date of graduation (MM/YYYY) \_\_\_\_/\_\_\_\_

### Post graduate education

#### ORTHOPAEDIC

Name of school(s) \_\_\_\_\_

Date of graduation (MM/YYYY) \_\_\_\_/\_\_\_\_ Qualification \_\_\_\_\_

#### NEUROSURGERY

Name of school(s) \_\_\_\_\_

Date of graduation (MM/YYYY) \_\_\_\_/\_\_\_\_ Qualification \_\_\_\_\_

**Details about subspecialty training in spine** Please select 1 pathology

- Trauma                       Tumor                       Deformity  
 Degeneration               Infection                       Metabolic, Inflammatory, Genetic

Date (MM/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Do you have an interest in research?**

- Yes                       No

In which areas

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**Are you active in research?**

- Yes                       No  
 Clinically                       Experimentally

**Have you written any publications?** Please attach your bibliography

- Yes                       No

**What do you expect from a stay in an AOSpine center?**


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**In which fields are you particularly interested?** Please select up to 3 pathologies

- Trauma                       Tumor                       Deformity  
 Degeneration               Infection                       Metabolic, Inflammatory, 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: AOSpine fellowships are only granted to candidates who have completed an official AO or AOSpine course.

**What are your future professional intentions?** Please answer as precisely as possible. We wish to consider your future professional goals when assigning your center.

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**What is your preferred duration for a fellowship?**

- up to 4 weeks       4-8 weeks       8-12 weeks

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

Month(s) / Year(s) \_\_\_\_\_

**Do you have a preferred AOSpine center?**

- Yes       No

If YES, 1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

others \_\_\_\_\_

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

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**Other references**

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**Remarks**

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**During your stay in the AOSpine center you may be asked to give a short presentation to your colleagues.**

Which topic will you prepare?

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## Confirmation

By inserting the date and submitting this form, I confirm that I have read the AOSpine fellowship program guidelines and hereby accept all conditions

Date (DD/MM/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Please enclose the following documents with your application

1. Curriculum vitae
2. Copy of medical school diploma
3. Copy of an official AO or AOSpine course certificate
4. Two current letters of recommendation from your superiors
5. A list of publications and/or lectures written or delivered by the applicant, if available
6. Proof of language skills in English

**PLEASE SUBMIT THIS FORM AND DOCUMENTS BY CLICKING THIS BLUE BUTTON TO:**

AOSpine Europe Spine Center & Fellowships  
aoseuspinecenters@aospine.org