



The Hip Society
BRITISH TRAVELING FELLOWSHIP
Application Form

Please send your electronic
photo as a separate
attachment.

ELIGIBILITY

- Applicant must be able to take a 3-4 week tour in **September**.
- Applicant must have completed Certifying Examination of the American Board of Orthopaedic Surgery.
- The tour is open to hip fellowship-trained orthopaedists no more than three (3) years following completion of fellowship.
- Former Traveling Fellows are **INELIGIBLE** to reapply.

INSTRUCTIONS

1. Applications will be accepted in **electronic format only**. PDF is preferred.
2. Complete the application form and submit it, along with all necessary attachments to The Hip Society, Attn: Richard White, MD, Fellowship Committee Chair, via hip@aaos.org. **A recent photograph must be imbedded in each application.**
3. Ask **two (2)** sponsors to send letters of recommendation to The Hip Society via hip@aaos.org. Both sponsors should be orthopaedic surgeons who are familiar with your work for the past five (5) years, one of whom will be your fellowship director
4. All application forms, sponsor letters and curriculum vitae, following the format in Section XII, **MUST BE COMPLETED AND RECEIVED BY DECEMBER 1ST**. Incomplete applications, or those received after the cut-off date, will not be considered.
5. When sending multiple files via email, please follow these guidelines:
 - a. Include "Hip Society / British Fellowship Application (YEAR)" in the subject line
 - b. Name all attached files as follows: **YOUR LAST NAME_name of attachment** (i.e., **Smith_application form**, or **Smith_CV**, or **Smith_photo**)

I. PERSONAL DATA

Name: _____
Last First M.I.

D.O.B. _____ Age as of May 1: _____

Place of birth: _____ Citizenship: _____

SSN: _____

Institution: _____

Address: _____

City, State (Province), Zip Code: _____

Country: _____

Phone: _____ Fax: _____

Office Email: _____

Home Address: _____

City, State (Province), Zip Code: _____

Country: _____

Phone: _____ Fax: _____

Home Email: _____

II. NAMES AND ADDRESSES OF SPONSORS

1. Name: _____ Address: _____
2. Name: _____ Address: _____

III. DESCRIBE THE AREAS OF YOUR SPECIAL INTERESTS IN ORTHOPAEDICS
(Space will expand as you type)

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IV. GRADUATE OF

College / University	Date of Graduation

V. GRADUATE OF

Medical School	Date of Graduation

VI. POSTGRADUATE EDUCATION
(Please list residency rotations)

	Name / Location	From (Month/Year)	To (Month/Year)
1 st year			
2 nd year			
3 rd year			
4 th year			
5 th year			

VII. ADDITIONAL EDUCATION OR FELLOWSHIP

Type of Education or Fellowship	From (Month/Year)	To (Month/Year)
1. _____		
Name of Director and Location (space will expand as you type)		
Activity during Fellowship (space will expand as you type)		

Type of Education or Fellowship	From (Month/Year)	To (Month/Year)
2. _____		
Name of Director and Location (space will expand as you type)		

Activity during Fellowship (space will expand as you type)

VIII. ELIGIBILITY

Date of ABOS certification / recertification: _____

Member of AAOS (double click on the box and select "checked"): Yes No

Date of Fellowship: _____

IX-a. HOSPITAL AFFILIATIONS
(Please list in chronological order)

	Name of Center	From (Month/Year)	To (Month/Year)
1.			
Academic Title (space will expand as you type)			
Academic and Teaching Responsibilities (space will expand as you type)			

	Name of Center	From (Month/Year)	To (Month/Year)
2.			
Academic Title (space will expand as you type)			
Academic and Teaching Responsibilities (space will expand as you type)			

	Name of Center	From (Month/Year)	To (Month/Year)
3.			
Academic Title (space will expand as you type)			
Academic and Teaching Responsibilities (space will expand as you type)			

IX-b. LIST COMMITTEE APPOINTMENTS AT MEDICAL SCHOOL/LOCAL HOSPITALS:
(Space will expand as you type)

X. BRIEFLY DESCRIBE YOUR FUTURE CAREER PLANS
(Space will expand as you type)

XI. CURRICULUM VITAE

PLEASE COMPLETE YOUR CURRICULUM VITAE ON A SEPARATE ATTACHMENT. BE SURE TO USE THE FOLLOWING COMPLETE HEADINGS (A-N) TO BEGIN EACH NEW SECTION OF YOUR CURRICULUM VITAE. IF FOR ANY SECTION THERE ARE NO CONTRIBUTIONS, THEN PLEASE AFTER THE SECTION HEADING TYPE THE WORD "NONE."

- A. Name of applicant
- B. Current national or institutional committees
- C. Special Awards (College, Medical School, Residency, Fellowship, following completion of Fellowship)

- D. List of scientific presentations which you have made as an author or co-author at any national and international meetings (include title of paper, organization, location, and date).
- E. List of scientific presentations which you have made as author or co-author at any regional and local meetings (include title of paper, organization, location, and date).
- F. List of all the movies, sound slides programs, exhibits, audio tapes, video tapes which you have developed or co-developed. Also list the scientific meetings where each has been presented.
- G. List of national, regional and local professional medical organizations or societies to which you belong.
- H. List the articles that you have published in peer reviewed journals (those indexed in the Index Medicus). List the name of the article, journal name, authors, page numbers and the year. Please underline your name and capitalize the name of the journal.
- I. List the papers you have published in non refereed journals. List the name of the article, journal name, authors, page numbers and the year. Please underline your name and capitalize the name of the journal.
- J. List textbooks or chapters in textbooks which you have written or edited. Identify title, publisher and the year.
- K. List the manuscripts which you have submitted for publication. Identify the article and the journal.
- L. Describe clinical and basic research work which is now in progress.
- M. Write a personal, one paragraph statement, stating why you feel you would be a good Hip Society Traveling Fellow representative and a "Good Will Ambassador" for The Hip Society.
- N. Describe any special non-medical and nonacademic achievements or activities and interests which you believe are important; i.e., civic activities, Church, Boy Scouts, Chamber of Commerce, etc. It is important not to overlook this section in that this helps to give the Committee a better sense of the depth and breadth of your intent outside orthopaedic surgery.

Signature: _____ Date: _____
(or printed name)