



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**.
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](mailto:hip@aaos.org). **A recent photograph must accompany each application.**
3. Ask **two (2)** sponsors to send letters of recommendation to The Hip Society via [hip@aaos.org](mailto: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 important 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**

**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 <sup>st</sup> year			
2 <sup>nd</sup> year			
3 <sup>rd</sup> year			
4 <sup>th</sup> year			
5 <sup>th</sup> year			

**VII. ADDITIONAL EDUCATION OR FELLOWSHIP**

1.	Type of Education or Fellowship	From (Month/Year)	To (Month/Year)
Name of Director and Location			
Activity during Fellowship			

2.	Type of Education or Fellowship	From (Month/Year)	To (Month/Year)
Name of Director and Location			
Activity during Fellowship			

**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)

1.	Name of Center	From (Month/Year)	To (Month/Year)
Academic Title			
Academic and Teaching Responsibilities			

2.	Name of Center	From (Month/Year)	To (Month/Year)
Academic Title			
Academic and Teaching Responsibilities			

3.	Name of Center	From (Month/Year)	To (Month/Year)
Academic Title			
Academic and Teaching Responsibilities			

**IX-b. LIST COMMITTEE APPOINTMENTS AT MEDICAL SCHOOL/LOCAL HOSPITALS:**

**X. BRIEFLY DESCRIBE YOUR FUTURE CAREER PLANS**

**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)