



## THE HIP SOCIETY

6300 N. River Road, Suite 727 • Rosemont, IL 60018- 4226 • Phone (847)698-1638 • Fax (847)823-0536  
Email: hip@aaos.org • Website: www.hipsoc.org

### EUROPEAN FELLOWSHIP IN HIP RECONSTRUCTION SPONSORED BY THE MAURICE E. MÜLLER FOUNDATION OF NORTH AMERICA

#### APPLICATION FORM

**NAME:** \_\_\_\_\_

**BIRTHDATE:** (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** ( ) \_\_\_\_\_

**FAX:** ( ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_  
(if different from above)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** ( ) \_\_\_\_\_

**NAME OF SPOUSE/PARTNER:** \_\_\_\_\_

**NUMBER OF CHILDREN: (Include name and age)**  
\_\_\_\_\_  
\_\_\_\_\_

---

---

**EDUCATION**

**COLLEGE/UNIVERSITY:** \_\_\_\_\_

**DATES ATTENDED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**MAJOR FIELD:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_

**HONORS:** \_\_\_\_\_

\_\_\_\_\_

(If applicable)

**GRADUATE SCHOOL (OTHER THAN MEDICAL SCHOOL)**

**COLLEGE/UNIVERSITY** \_\_\_\_\_

**DATES ATTENDED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_

**HONORS:** \_\_\_\_\_

**MEDICAL SCHOOL:** \_\_\_\_\_

**DATES ATTENDED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**HONORS:** \_\_\_\_\_

\_\_\_\_\_

**PROPOSED LOCATION(S) OF STUDY AND DURATION OF STAY**

**LOCATION NO. 1**

**INSTITUTION:** \_\_\_\_\_

**CITY AND COUNTRY:** \_\_\_\_\_

**LENGTH OF STAY:** \_\_\_\_\_

**PRECEPTOR:** \_\_\_\_\_

**LOCATION NO. 2 (If applicable)**

**INSTIUTION:** \_\_\_\_\_

**CITY AND COUNTRY:** \_\_\_\_\_

**LENGTH OF STAY:** \_\_\_\_\_  
**PRECEPTOR:** \_\_\_\_\_

**CAREER PLANS AND REASON FOR SEEKING FELLOWSHIP:**

(Attach 100-200 word statements of career goals etc)

**REFERENCES:**

**FROM THE FOLLOWING:**

- **CHIEF OF ORTHOPAEDIC RESIDENCY PROGRAM:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** (    ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

- **TWO OTHER ACADEMIC ORTHOPAEDIC REFERENCES:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** (    ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** (    ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

All applications and supporting letters must be received by December 1st, 2 years preceding the desired start of the Fellowship. Fellowships will normally start in August.

**PERSONAL INFORMATION**

**ORTHOPAEDIC TRAINING (Include place and dates)**

---

---

---

---

---

**FELLOWSHIP TRAINING (1):**

**TYPE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATES:** \_\_\_\_\_ **TO** \_\_\_\_\_

**FELLOWSHIP TRAINING (2):**

**TYPE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATES:** \_\_\_\_\_ **TO** \_\_\_\_\_

**RESEARCH EXPERIENCE (Include place and dates)**

---

---

---

**ATTACH A SEPARATE SHEET, IF NECESSARY, FOR THE FOLLOWING:**

- **PUBLICATIONS**
- **PRESENTATIONS AT NATIONAL MEETING**

**OUTSIDE INTERESTS:**

---

---

---

---

**Please send completed application with all necessary materials to BOTH:**

Robert T. Trousdale, MD  
Attn: European Fellowship Application  
Mayo Clinic  
200 First St SW  
Rochester, MN 55905

**and**

The Hip Society  
Attn: European Fellowship Application  
6300 N. River Road, Suite 727  
Rosemont, IL 60018- 4226

Questions – Please contact Dr. Trousdale at (507)284-3663 or email  
Trousdale.robert@mayo.edu or the Hip Society administrative office at (847)698-1638.