



[INSERT YOUR PHOTO HERE]

The Hip Society / The British Hip Society
2018 TRAVELING FELLOWSHIP
Application Form
(for North American Applicants)

Name: _____
Last First M.I.

ELIGIBILITY AFFIDAVIT

IMPORTANT! All boxes below must be checked. If any boxes remain unchecked, you may be ineligible to apply for this program. Please contact The Hip Society at hip@aaos.org with any questions.

- I am a board-certified practicing orthopaedic surgeon, permanently based in the US or Canada.
- I am a hip fellowship-trained orthopaedist **within one (1) to five (5) years** of completing fellowship training.
- I am able to take 3-4 weeks away from my family and practice in **August-September 2018**.
- I am committed to the practice of hip surgery.
- I am able to demonstrate documented interest in advancing hip surgery via publications, presentations, research.
- I am not a previous HS / BHS Traveling Fellow (previous Fellow are ineligible to re-apply).
- I certify that the information presented in this application and the accompanying documentation is accurate and true.

Signed: _____

INSTRUCTIONS

1. Applications will be accepted in **electronic format ONLY (PDF)**.
2. Complete the application form and submit it, along with all necessary attachments (listed in Section XII of this application) to The Hip Society, Attn: Chair, Fellowship & Mentorship Committee, via hip@aaos.org. **A recent photograph must accompany each application.**
3. Ask **two (2)** sponsors to provide letters of recommendation. Both sponsors must 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 RECEIVED BY JANUARY 1, 2018 (11:59 PM CENTRAL TIME)**. Incomplete applications, or those received after the deadline, will not be considered.
5. When sending multiple files via email, please follow these important guidelines:
 - a. Include **"The Hip Society / British Fellowship Application 2018"** in the subject line
 - b. Be sure your **last name** is included in all file names for easy identification, i.e., *Smith_HS-BHS application*.

I. PERSONAL DATA

D.O.B. _____ Age as of 01/01/2018: _____

Place of birth: _____ Citizenship: _____

SSN (US): _____

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

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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			
Activity during Fellowship			

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

VIII. ELIGIBILITY

Date of ABOS certification / recertification: _____

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

Membership category: _____

Since (year): _____

IX-a. HOSPITAL AFFILIATIONS

(Please list in chronological order)

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

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

	Name of Center	From (Month/Year)	To (Month/Year)

3.			
Academic Title			
Academic and Teaching Responsibilities			

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

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X. IMPORTANT! BRIEFLY DESCRIBE YOUR FUTURE CAREER PLANS

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XI. IMPORTANT! INCLUDE A THOUGHTFUL PERSONAL STATEMENT ABOUT WHAT PARTICIPATION IN THIS PROGRAM WILL MEAN TO YOU AND WHY YOU BELIEVE YOU SHOULD BE SELECTED

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XII. CURRICULUM VITAE

PLEASE PROVIDE YOUR CURRICULUM VITAE AS 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. Describe any special non-medical and nonacademic achievements or activities and interests which you believe are important; i.e., civic and outreach 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)