



The Hip Society
ROTHMAN-RANAWAT TRAVELING FELLOWSHIP

2 0 1 8

APPLICATION FORM

Right-click on the box below to insert your digital photo.



NAME:

Last | First | M.I.
Date of birth | Month: | Day: | Year: | Age as of Jan. 1, 2017 (yrs):

ELIGIBILITY AFFIDAVIT

VERY IMPORTANT! Read the criteria below carefully. 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-eligible/board-certified practicing orthopaedic surgeon in my country of residence/practice, with a minimum of 2 years of practice.
- I have received specialty training in the field of hip surgery.
- 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 able to be away from home/practice on a 4-5-week tour in March-April 2018 and I am able to obtain an entry visa(s) for the US and Canada. (The Hip Society will provide a letter of invitation upon request. The Hip Society will not assist with the visa application process.)
- I am fluent in spoken and written English.
- I am not a previous HS Rothman-Ranawat Traveling Fellow (previous Fellows are ineligible to re-apply).
- I certify that the information presented in this application and the accompanying documentation is ACCURATE and TRUE. Please initial: _____

IF ALL BOXES ABOVE ARE CHECKED, PLEASE PROCEED TO PAGE 2. →

APPLICATION SUBMISSION INSTRUCTIONS

VERY IMPORTANT! The Hip Society Rothman-Ranawat Traveling Fellowship is a highly competitive program. We receive many applications each year. By following the instructions below, you will ensure successful submission. The Hip Society reserves the right to not consider any application that is not submitted as stated.

1. Please use the **2018 application form** as we have made changes compared to previous years' versions. Previous years' versions will **NOT** be accepted.
 2. All submissions must be sent **electronically** to hip@aaos.org.
 3. All applications must be submitted as a **complete packet**, at one time, and **include all of the following items**:
 - a. The 2018 application form, including the most recent digital photo.
 - b. Two (2) signed sponsor letters (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; they may or may not be members of The Hip Society).
 - c. Your full updated curriculum vitae, per the requirements specified on page 7 of this form.
 4. **DO NOT** send your information one piece at a time. We will **NOT SAVE** incomplete applications. The Hip Society staff will **NOT PROVIDE** follow-up to applicants who try to submit incomplete applications. Submitting a complete application is **your responsibility**.
 5. The Hip Society staff will not interact with your sponsors on your behalf. Obtaining the necessary sponsorship letters is **your responsibility**.
 6. All applications, including all supporting documents as listed above, **MUST BE RECEIVED BY THE HIP SOCIETY BY AUGUST 15, 2017, TIME-STAMPED 11:59 PM (US CENTRAL DAYLIGHT SAVINGS TIME)**.
 7. Incomplete applications, or updates to applications, received after the deadline will **NOT** be considered.
 8. When sending your application packet via email, please include **"The 2018 Hip Society Rothman-Ranawat Traveling Fellowship Application"** in the subject line.
 9. Make sure **all attached files include your LAST NAME** for easy identification and to avoid confusion.
- I confirm that I have read, and agree with, the APPLICATION SUBMISSION INSTRUCTIONS stated above.
Please initial: _____

PLEASE PROCEED TO PAGE 3. →

I. PERSONAL DATA

NAME: _____
First Last M.I.

Degrees: _____

Country of birth: _____ Current citizenship: _____

SSN (US): _____

Institution: _____

Business Address: _____

City, State (Province), Postal Code: _____

Country: _____

Primary Phone: _____ Fax: _____

Office Email: _____

Home Address: _____

City, State/Province, Postal Code: _____

Country: _____

Home Phone: _____ Alt. Fax: _____

Home Email: _____

II. YOUR SPONSORS

1. Name: _____ Institution: _____
2. Name: _____ Institution: _____

III. DESCRIBE THE AREAS OF YOUR SPECIAL INTERESTS IN ORTHOPAEDICS

IV. GRADUATE OF

College / University (Name, City/State/Province, Country)	Date of Graduation (Month, Year)

Medical School (Name, City/State/Province, Country)	Date of Graduation (Month, Year)

V. POSTGRADUATE EDUCATION

(Please list residency rotations)

	Name, City/State/Province, Country	From (Month, Year)	To (Month, Year)
1 st year			
2 nd year			
3 rd year			
4 th year			
5 th year			

VI. ADDITIONAL EDUCATION OR FELLOWSHIP

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

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

VII. ELIGIBILITY

Date of board certification / recertification: _____

Date of board certification / recertification: _____

Member of AAOS: Yes No

Member of a national orthopaedic society equivalent to AAOS: Yes No

Since (year): _____

Since (year): _____

VIII. HOSPITAL AFFILIATIONS

(Please list in chronological order, **beginning with the most recent**)

Name of Center, City, State/Province, Country		From (Month, Year)	To (Month, Year)
1.			
Academic Title			
Academic and Teaching Responsibilities			

Name of Center, City, State/Province, Country		From (Month, Year)	To (Month, Year)
2.			
Academic Title			
Academic and Teaching Responsibilities			

Name of Center, City, State/Province, Country		From (Month, Year)	To (Month, Year)
3.			
Academic Title			
Academic and Teaching Responsibilities			

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

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X. DESCRIBE YOUR FUTURE CAREER PLANS

XI. PERSONAL STATEMENT. PLEASE ADDRESS THE FOLLOWING:

- WHAT WILL PARTICIPATION IN THIS PROGRAM MEAN TO YOU **PROFESSIONALLY** AND **PERSONALLY**?
- WHAT LASTING EFFECT WILL YOUR PARTICIPATION HAVE ON YOUR PRACTICE OF MEDICINE AND PATIENT CARE? HOW WILL YOUR PATIENTS, AND YOUR COLLEAGUES, BENEFIT FROM YOUR EXPERIENCE?
- WHY DO YOU BELIEVE YOU SHOULD BE SELECTED? WHAT MIGHT SET YOU APART?

XII. CURRICULUM VITAE REQUIREMENTS

Your curriculum vitae should be current and include the following information:

1. Your full name
2. Current national or institutional committees
3. Special awards (college, medical school, residency, fellowship, following completion of fellowship)
4. 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).
5. 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).
6. List of all the movies, sound slide programs, exhibits, audio or video recordings which you have developed or co-developed. Also list the scientific meetings where each has been presented.
7. List of national, regional and local professional medical organizations or societies to which you belong.
8. 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.
9. 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.
10. List textbooks or chapters in textbooks which you have written or edited. Identify title, publisher and the year.
11. List the manuscripts which you have submitted for publication. Identify the article and the journal.
12. Describe clinical and basic research work which is now in progress.
13. Describe any special non-medical and nonacademic achievements or activities and interests which you believe are important to our understanding of your character; i.e., involvement in philanthropic, community, religious, youth, or outreach organizations 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 OF APPLICANT:

_____ Date: _____
(Printed name is an acceptable form of signature)

This application, and all accompanying documents, are due to The Hip Society by August 15, 2017, 11:59 pm US CDT.

 hip@aaos.org

No exceptions will be made.

Questions?  hip@aaos.org, or  +1 (847)698-1638.