

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 PubMed). 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, 2018, 11:59 pm US CDT.

 hip@aaos.org

No exceptions will be made.

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