

## **2012 International AAOS-IOA Scholarship Application**

\*-Required field

### **Step 1. Personal Data and Contact Information**

Last Name:\*

First Name:\*

Middle Name:

Suffix:

Credentials (e.g., MD, DO or Prof):\*

Birth Date (mm/dd/yyyy):\*

Citizenship:\*

Street Address:\*

City:\*

Postal Code:

Country:\*

Phone:\*

Email:\*

Fax Number:

Specialty:\*

English Language Speaking Skill (select one):\*

Tourist level only

Adequate

Good

Fluent

English Language Medical Reading Skill:\*

Tourist level only

Adequate

Good

Fluent

**Step 2. Education/Honors/Awards**

Medical School:\*

Completion Date:\*

**Postgraduate Education (PE):\***

<b>Year</b>	<b>PE Specialty</b>	<b>City</b>	<b>Country</b>	<b>Start Date</b>	<b>End Date</b>
Year 1					
Year 2					
Year 3					
Year 4					

**Specialty Orthopaedic Training:\***

<b>Year</b>	<b>Description</b>	<b>Completion date</b>
Year 1		
Year 2		
Year 3		

**Honors and/or Awards Received:**

<b>Entry #</b>	<b>Honor/Award</b>	<b>Year</b>

**Step 3. Current Employment/Teaching Affiliation**

Current Position and Title:\*

Place of Work:\*

**Teaching Affiliations:**

<b>Name of Center</b>	<b>Academic Title</b>	<b>Responsibilities</b>	<b>Start date</b>	<b>End date</b>

**Step 4. Professional Membership/Publications**

**Membership in Professional Societies:\***

<b>Entry #</b>	<b>Society Name</b>	<b>Member Since</b>

**Professional Community/Volunteer Services**

Please use the space below to describe your professional community and volunteer services (character limit 2000).

**Five Most Recent Publications:**

<b>Title</b>	<b>Journal/Publisher</b>	<b>Year</b>

**Five Most Recent Presentations:**

<b>Title</b>	<b>Venue</b>	<b>Year</b>

**AAOS Annual Meeting Attendance:**

Year(s):

**Planning to attend the 2012 Annual Meeting:\***

Yes

No

**Previous AAOS course attendance:**

<b>Year</b>	<b>Name of course</b>

**Previous Non-AAOS course/meeting attendance in the USA:**

<b>Year</b>	<b>Name of society/group</b>	<b>Name of course/meeting</b>

**Participation in scholarship, observership and/or fellowship programs:**

<b>Start date</b> <b>(mm/yyyy)</b>	<b>End date</b> <b>(mm/yyyy)</b>	<b>Program Name</b>	<b>Program Location</b> <b>(city, country)</b>

**Step 5. Essays\***

Please use the space below for essays on the topic indicated.

Character limit is 2000 for each essay.

1. Please briefly describe why you would like to participate in an AAOS OLC surgical skills course.

2. Please describe your practice and patients.

3. Please describe how you plan to use the information and techniques you will have learned through the scholarship program.

**Please send the completed questionnaire, your current Curriculum Vitae, your IOA membership confirmation and two letters of recommendation to  
Anna Gurevich  
AAOS International Scholarship Programs Administrator  
by email [gurevich@aaos.org](mailto:gurevich@aaos.org)  
by September 9, 2011**