

# Fellowship Application for Surgeons in an AO Clinic

(only typewriting accepted)

Current photo

## Personal information

Last name: ---

First name: ---

Date of birth: ---

Nationality: ---

Marital status: ---

Full home address: ---

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Home phone: ---

Email address: ---

Name of university/hospital: --- University of Mississippi Medical Center / Department of Orthopedic Surgery

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Full address of hospital: (If you are in private practice, please explain your position and indicate name and address of the hospital)

--- 2500 North State Street

--- Jackson, Mississippi 39216 / U.S.A.

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Work phone: --- 601 984 5153

Work fax: --- 601 984 5151

Present position: --- Orthopaedic Resident

Name of head of clinic: --- Robert A. McGuire, M.D.

Name of head of department : --- Robert A. McGuire, M.D.

Languages spoken:  English  French  German  Spanish  Others: ---



**Medical school**

Name of school: ---

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Full address: ---

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Duration: ---

Date of graduation: ---

**Post-graduate education—general surgery**

Where: --- University of Mississippi Medical Center

Duration: --- July 1, 200 to June 30, 200

Qualification: --- First year orthopaedic resident / transitional year

**Post-graduate education—orthopedic trauma surgery**

Where: --- University of Mississippi Medical Center

Duration: --- July 1, 200 to present

Qualification: --- Orthopaedic resident currently

**Details about special training in trauma** (shock, polytrauma, closed and open treatment of fractures, hand, spine, maxillofacial)

Where: --- Our facility only Level 1 Trauma center in state - sees a high level of patients for multiple trauma types

Duration: --- July 1, 2004 to present

**Have you applied the AO principles and techniques?**  Yes  No

Which implants and instruments were used: --- Synthes

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Where: --- Home institution

How long have you been using them: --- 3.5 years

**Are you interested in research?**  Yes  No

In which areas: ---

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Are you active in research?  Yes  No

Clinical and/or experimental? Please explain: ---

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Have you written any publications?  Yes  No

(please attach your bibliography)

What do you expect from your stay in an AO clinic?

--- to learn different techniques from other AO instructors

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In which fields are you particularly interested?

- General trauma
- Hand
- Foot
- Pelvis
- Others ---
- Craniomaxillofacial

Have you attended an AO Principles Course?  Yes  No

If yes, where and in which year? (Please enclose a copy of your certificate) --- Dates / Locale

If no, when do you plan to attend one? ---

**Please note:** AO Fellowships are only granted to candidates who have completed an official AO Principles Course (workshops, seminars, etc are not acceptable).

What are your future professional goals?

(Please answer as precisely as possible. We wish to consider your future professional goals when assigning your training clinic.)

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Do you plan to continue your career at the same clinic?  Yes  No

Do you have another definite appointment?  Yes  No

Where: ---

Position: ---

**Expected duration if fellowship is granted:**  4 weeks  6 weeks  8 weeks

**Please indicate the most convenient date(s):**

(Please note: The months of July and August are generally not recommended due to the summer holiday.)

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**Do you have any preferred AO Clinic?**  No preferences

1<sup>st</sup> Choice: ---

2<sup>nd</sup> Choice: ---

Country: ---

**If you are granted an AO fellowship, are you planning to come alone?**  Yes  No

(Please note: Normally, we can only provide single accomodation.)

**Which AO members do you personally know?**

(Please explain your association with them)

--- James L. Hughes, M.D.

--- Robert A. McGuire, M.D.

**Other references:**

--- George V. Russell, M.D.

--- Alan E. Freeland, M.D.

**Remarks:**

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**I have read the AO Fellowship program guidelines and accept hereby all conditions.**

Signature: \_\_\_\_\_

Place and date: ---

**Please enclose the following documents with your application:**

- ① Curriculum vitae
- ① Copy of medical school diploma
- ① Copy of AO Principles' Course Certificate
- ① 2 letters of recommendation
- ① List of publications and major lectures given by the applicant
- ① 1 recent passport size photograph
- ① Health Certificate (see page 6 in brochure)
- ① If English is neither the applicant's mother tongue nor the language used by the host clinic, evidence of attendance at an English language course or a course of the language of the host clinic should be enclosed.

**Please submit this form and the documents required to:**

**AO International, Clavadelerstrasse, CH-7270 Davos Platz, Switzerland**