

2012 International AAOS-SICOT 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): *

Year	PE Specialty	City	Country	Start Date	End Date
Year 1					
Year 2					
Year 3					
Year 4					

Specialty Orthopaedic Training: *

Year	Description	Completion date
Year 1		
Year 2		
Year 3		

Honors and/or Awards Received:

Entry #	Honor/Award	Year

Step 3. Current Employment/Teaching Affiliation

Current Position and Title:*

Place of Work:*

Teaching Affiliations:

Name of Center	Academic Title	Responsibilities	Start date	End date

Step 4. Professional Membership/Publications

Membership in Professional Societies:*

Entry #	Society Name	Member Since

Professional Community/Volunteer Services

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

Five Most Recent Publications:

Title	Journal/Publisher	Year

Five Most Recent Presentations:

Title	Venue	Year

AAOS Annual Meeting Attendance:

Year(s):

Planning to attend the 2012 Annual Meeting:*

Yes

No

Previous AAOS course attendance:

Year	Name of course

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

Year	Name of society/group	Name of course/meeting

Participation in scholarship, observership and/or fellowship programs:

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

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 SICOT membership confirmation and two letters of recommendation to
Anna Gurevich
AAOS International Scholarship Programs Administrator
by email gurevich@aaos.org
by September 9, 2011**