

## 2019 TRAVELING FELLOWSHIP PROGRAM APPLICATION

The Traveling Fellowship Program offers a special opportunity for early career American Orthopaedic Foot & Ankle Society members to attend the AOFAS Annual Meeting and then travel to visit leaders in foot and ankle education and research. The goals of the program are to promote professional relationships, exchange ideas, and encourage new thinking on research and clinical care topics. The Traveling Fellows are required to summarize their experiences for an article in an AOFAS publication.

### ELIGIBILITY

Applicant must be an orthopaedic surgeon and current AOFAS Active Member, Candidate Member or International Member who is 45 years old or younger at the time of application.

### INSTRUCTIONS

**1. All application forms and letters of recommendation must be completed and received by December 3, 2018.**

Applications received after this date will not be considered.

**2.** The application is a fillable PDF form. **Use a PC (not a Mac) to complete.** Click above the first line to enter data and use the tab key to advance to the next field. Please save the completed application to your computer prior to submission.

**3.** Prepare your CV in the format described in Section X of the application form.

**4.** Write a personal statement, not to exceed 500 words, detailing why you want to be a Traveling Fellow, what you can offer the Traveling Fellowship Program, and what you expect to gain from the Traveling Fellow experience.

**5.** Email your completed application, along with digital files of your CV and statement, to [membership@aofas.org](mailto:membership@aofas.org). In the subject line, write "2019 Traveling Fellowship Application."

**6.** Ask the two sponsors listed in Section II of the application form to send letters of recommendation to the AOFAS address on your behalf. One sponsor should be the orthopaedic surgeon on whose service you have had the majority of your residency. The other should be an orthopaedic surgeon who is familiar with your work. If you have taken a special fellowship, a letter of recommendation from the Director of the Fellowship should also be submitted.

It is the applicant's responsibility to make sure sponsorship letters are received in the AOFAS office by the deadline, but they must come directly from the sponsor. Letters must be submitted on institution or practice letterhead and hand-signed. The AOFAS office will contact you when a sponsorship letter is received, but it is solely the applicant's responsibility to stay in touch with his/her sponsors and make sure the letters sent on his/her behalf arrive before the deadline.

Sponsors should address the following questions in their letters:

- I. How has the applicant demonstrated interest in foot and ankle orthopaedics?
- II. What research has the applicant done that is worthwhile and can be shared with other Fellows if the applicant is accepted?
- III. Why is this candidate worthy of a fellowship?

**7.** The selected recipients of the Traveling Fellowship Awards Program will be required to attend the AOFAS Annual Meeting in Chicago, Illinois, September 12-15, 2019 and write a summary of their experiences for use in an AOFAS publication. **Fellows must be able to travel during the full two week experience, September 7 - 22, 2019.**

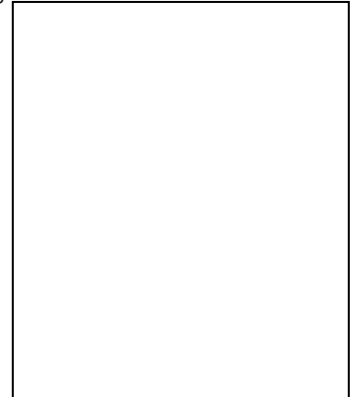
**8.** Note on travel documentation: International applicants who are awarded a fellowship must immediately apply for a visa to visit the United States if they do not already have one and immediately confirm that their passports are up-to-date.

# 2019 TRAVELING FELLOWSHIP PROGRAM APPLICATION

**Use a PC (not a Mac) to complete.** Click above the first line to enter data and use the tab key to advance to the next field. Save the completed form to your computer. Please email the completed application form including photo, along with digital files of your CV and statement to [membership@aofas.org](mailto:membership@aofas.org).

Applications are not considered complete until all supporting documents are received.

**Application Deadline: December 3, 2018.**



**I.**

\_\_\_\_\_  
First Name                      Middle                      Last Name                      Age                      Date of Birth (mm/dd/yy)

\_\_\_\_\_  
Place of Birth: City    State/Province                      Country                      Citizenship

\_\_\_\_\_  
Home Address    City                      State/Province                      ZIP Code/Postal Code

\_\_\_\_\_  
Country    Home Phone                      Gender:  Male  Female  Prefer not to answer

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City                      State/Province                      ZIP Code/Postal Code                      Email Address

\_\_\_\_\_  
Office Phone    Office Fax    Cell Phone

Have you applied for this Program before  Yes  No If Yes, what year(s) \_\_\_\_\_

**II. NAMES & ADDRESSES OF TWO BOARD-CERTIFIED ORTHOPAEDIC SURGEONS who will sponsor your application: (See #6 above for clarification on sponsor letters)**

1. \_\_\_\_\_  
Name & Institution                      Address                      City                      State/Province                      ZIP Code/Postal Code                      Country

2. \_\_\_\_\_  
Name & Institution                      Address                      City                      State/Province                      ZIP Code/Postal Code                      Country

**III.**

\_\_\_\_\_  
College/University    Date of Graduation                      Degree Earned

**IV.**

\_\_\_\_\_  
Medical School    Date of Graduation                      Degree Earned

**V. POST-GRADUATE TRAINING**

\_\_\_\_\_  
1st Year – Name & Location    From mm/yy                      To mm/yy

\_\_\_\_\_  
2nd Year -- Name & Location    From mm/yy                      To mm/yy

3 <sup>rd</sup> Year – Name & Location	From mm/yy	To mm/yy
4th Year -- Name & Location	From mm/yy	To mm/yy
5th Year -- Name & Location	From mm/yy	To mm/yy

**VI. ADDITIONAL TRAINING OR FELLOWSHIP**

Type of Training or Fellowship	Location	From mm/yy To mm/yy	Name of Director
Type of Training or Fellowship	Location	From mm/yy To mm/yy	Name of Director

**VII. MILITARY SERVICE (if applicable)**

Branch of Service	From mm/yy	To mm/yy	Rank	Location
Duties				

**VIII. PROFESSIONAL ACTIVITIES since completion of Residency or Fellowship: (list faculty appointments, private practice, full or part time academic practice.)**

1. 

Activity Name & Location	From mm/yy To mm/yy
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2. 

Activity Name & Location	From mm/yy To mm/yy
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3. 

Activity Name & Location	From mm/yy To mm/yy
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4. 

Activity Name & Location	From mm/yy To mm/yy
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**IX. SPECIAL AWARDS AND HONORS: (list faculty appointments, private practice, full or part time academic practice.)**

**X. COMPLETE YOUR CURRICULUM VITAE as a separate attachment according to the following format.**

- a. Name of Applicant
- b. List of national, regional, and local professional medical organizations to which you belong.
- c. List any committee appointments in the above medical organizations.
- d. Describe any special non-academic achievements or activities which you believe are important; i.e., civic activities, church, Boy/Girl Scouts, Chamber of Commerce, etc.
- e. List articles that you have published. List the name of the article, journal name, authors, page numbers and the date of publication. Please underline your name and capitalize the name of the journal.
- f. List published abstracts.
- g. List textbooks or chapters in textbooks that you have written or edited. Identify title, publisher and year.
- h. List manuscripts that have been submitted for publication, identifying the article and the journal. Show date of submission.
- i. List research grants that you have received and the source. List all of the authors in their proper sequence and the amount of each grant.
- j. Describe clinical and basic research work that is now in progress.
- k. List all of the movies, exhibits, audiotapes and videotapes that you have developed or co-developed. Also list the scientific meetings where each has been presented.
- l. List national, regional and local post-graduate courses or meetings you have organized or hosted.
- m. List scientific presentations you have made to national meetings. (Include title of paper, organization, location, and date.)
- n. List scientific presentations of which you were a co-author to a national, regional or local meeting.

**XI.** WRITE A PERSONAL STATEMENT, as a separate attachment not to exceed 500 words, detailing why you want to be a Traveling Fellow, what you can offer the Traveling Fellowship Program, and what you expect to gain from the Traveling Fellow experience.

**XII.** WHAT TYPE OF PRACTICE do you engage in or aspire to:

a. Academic  Full Time  Part Time

b. Community \_\_\_\_\_

c. Administrative \_\_\_\_\_

d. Research \_\_\_\_\_

e. Other \_\_\_\_\_

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Signature of Applicant

Date (mm/dd/yyyy)