
AO North America Basic Fracture Management Preceptorship

(Senior Resident Elective Rotation)

Basic Aims

The purpose of this Preceptorship is to provide a senior level resident with an in-depth period of training in the basic management of fractures at a recognized AO North American Center or with a member of AO North America. This would provide the resident with a one-on-one relationship with a practicing Traumatologist (Preceptor) so that the individual would gain a deeper insight into the management of fractures. This is not meant to replace an AO Trauma Fellowship, but to provide the individual with a more in-depth study so that he may practice general fracture care better. Note: This program is not intended to fund a set rotation for a residency program.

Organization

The interested individual must contact the proposed Preceptor, who must be an approved faculty member of AO North America. The applicant should outline his/her reasons for desiring the Preceptorship, what his/her expectations are from the experience and specify plans to organize the Preceptorship. This information should then be reviewed and signed by the Preceptor and submitted to AO North America for final approval.

Funding

The Preceptorship will normally provide a total of \$3,000 for accommodations and living expenses during the rotation. When completing the application, please be sure to indicate how (to whom) the check should be endorsed.

Prerequisites

The Preceptorship will normally be available to senior residents who are typically planning to practice general orthopaedic, maxillofacial or veterinary surgery, and who want a more in-depth training in basic fracture care. A given center is only eligible for one Senior Resident Rotation Preceptorship a year. *Formal approval from the applicant's residency director and the host-training program are both required.*

PLEASE NOTE THAT THIS PRECEPTORSHIP IS AVAILABLE TO ONLY ONE RESIDENT PER TRAINING PROGRAM PER CALENDAR YEAR.

Application

Upon completion of the attached application form and appropriate supporting documentation, including program director's letter of support, the applicant is asked to return it to:

AO North America
1700 Russell Road
P. O. Box 1755
Paoli, PA 19301
Phone: 610-993-5100
Fax: 610-695-2420

Application for Basic Fracture Management Preceptorship

(Senior Resident Elective Rotation)

Information pertaining to Applicant:

Last Name _____

First Name _____

Date of Birth _____

Permanent Home Address

E-Mail Address _____

Home Telephone No. _____

Name of University, Hospital,
or Training Program _____

Name of Head of Department _____

Complete Address of Training
Program Offices

E-Mail Address _____

Your Hospital/Office Telephone No _____

Your Hospital/Office Fax No. _____

Present Level in Training *(please circle)* Pgy 4 Pgy 5 Other _____

Residency Director _____

Has Your Residency Director Approved This Proposal? Yes No
(please circle)

Application for AONA Basic Fracture Management *(continued)*

Information pertaining to Preceptor:

Last Name _____

First Name _____

Complete Title _____

Name of University/Hospital _____

Complete Address of Hospital _____

E-Mail address _____

Hospital/Office Phone No. _____

Hospital/Office Fax No. _____

How Long On AO Faculty _____

AO Fellowship?
If so, Where/When _____

Dates of applicants rotation **Start** _____ **End** _____

Does your Program Director Approve of this Proposal? **Yes** **No**
(please circle)

To the Applicant: Please attach a report indicating:

- 1) Your reasons for requesting this fellowship.
- 2) Your expectations of this experience.
- 3) Signature of approval for preceptorship by the Preceptor.
- 4) *A letter of support from the Director of your program or the Department Chairman.*

Applications may be submitted at any time to:

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1700 Russell Road
P.O. Box 1755
Paoli, PA 19301
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INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED