

AO North America Application for Trauma and Fracture Care Travel Preceptorship

(Brief Travel Fellowship for North American Practicing Surgeons)

Basic Aims

This Preceptorship will provide a practicing North American certified Orthopaedic, Maxillofacial or Veterinary Surgeon with a brief travel fellowship for trauma and fracture care. This will be done at an approved AO Center or with an AONA member.

Organization

The Preceptorship will provide round-trip economy airfare for the individual as well as living expenses while participating in the Preceptorship -- total reimbursable expenses shall not exceed \$5000.00.

The applicant will be responsible for contacting the Preceptor he/she wishes to work with and designing a program to accommodate his/her needs. These needs and objectives must be outlined and submitted along with the application form with details as to how the Preceptorship will be accomplished. The application should then be approved by the Preceptor the applicant will be visiting with, and subsequently submitted, along with the expected dates of the Preceptorship, to AO North America for final approval. The applicants' current CV should also be included with the application. Upon completion of the Preceptorship, the participant should submit original receipts for travel and living expenses to AO North America for reimbursement. When submitting receipts, please indicate how the reimbursement check should be endorsed.

Application

The physician is asked to return the completed application form, along with the appropriate supporting documentation to:

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

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Applicant Information:

Last Name _____

First Name _____

Date of Birth _____

Permanent Home Address

Home Telephone No. _____

Name of University/Hospital _____

Complete Address of Hospital
(If you are in private practice, please explain your position and indicate name and address of primary hospital.)

E-Mail Address _____

Hospital/Office Telephone No. _____

Hospital/Office Fax No. _____

Present Position _____

Academic Appointment _____

Institution _____

Title _____

Circle One: Private Practice Clinical Faculty Full time Faculty

Year of Certification/Fellowship _____

Expected Dates of Preceptorship _____

Application for AONA Trauma and Fracture Care Travel *(continued)*

Preceptor Information:

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. _____

IMPORTANT:

To the Applicant:

Please attach your current CV, plus a letter or memorandum outlining your reasons for wanting to do this preceptorship: your needs, objectives, and what you expect to gain from it.

This memo or letter must be agreed to and signed by the host preceptor and forwarded with this application to the AO North America office.

Once the above information is compiled, and required documents attached, you should send the completed application to:

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P.O. Box 1755
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INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED