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Spine Center Application

CONTACT DETAILS

Name of center _____

Address of center _____

Postcode _____ City _____

Country _____ Website address _____

Program Director

Name _____ Title _____

Spine Team (names of Program Director and at least three dedicated spine surgeons, members of AO Spine)

Name 1 _____

Name 2 _____

Name 3 _____

Name 4 _____

Name 5 _____

Name 6 _____

Type of institution

- Private
- Public
- University
- Neuro
- Orthopedic

STRENGTHS

Describe the strenghts of the department in these fields

Clinical practice

Spinal teaching

Research

Other

Describe why your department makes an excellent choice for candidates

ADDITIONAL DETAILS

Operations assistance

Are MISS approaches used? Yes No

– Microsurgery Yes No _____

– Endoscopy Yes No _____

– Percutaneous fixation Yes No _____

– MIS anterior fusion Yes No _____

– MIS posterior fusion Yes No _____

– Other _____

Type of fellowship: Observership Fellowship

Duration of fellowship available _____ weeks (max. 8 weeks)

Languages spoken _____

Preferred Start Date of Fellowship _____

Special requirements _____

Who is responsible for the fellow? *

* Program officer reports to the Director and has direct relationship to fellow

First name _____ Last name _____

Email address _____

Can more than one AO Spine fellow be accommodated at the same time? Yes No

Is accommodation available in staff quarters? Yes No

If yes, are there cooking facilities in the institution's accommodation? Yes No

Is accommodation available near center? Yes No

Approximate cost of accommodation? (per week / local currency) _____

Is there a canteen in the institution for evening meals? Yes No

Does your department have a manual or booklet to help fellows get started? Yes No

Visa documentation provided by center? Yes No

Are there any times of the year when your department would not accept fellows? Yes No

If yes, when? _____

What is the fellow expected to bring (eg, presentation / white coat / health certificate)?

Do you collaborate with other centers in the area? Yes No

If yes, in which way?

CLINICAL DETAILS

Please indicate the amount of complete surgeries per year in the table below.

Pathology	Number of cases per year	Pathology	Number of cases per year	Pathology	Number of cases per year
Cervical deformity	_____	Degenerative cervical spine	_____	Thoracic, lumbar and sacral tumor	_____
Cervical trauma	_____	Degenerative lumbar spine	_____	Thoracolumbar deformity (Adults)	_____
Cervical tumor	_____	Dysraphic conditions	_____	Pediatric deformity	_____
Rheumatoid cervical spine	_____	Special procedures	_____		
Chronic pain	_____	Thoracic & lumbar trauma	_____		

Other techniques performed by your department _____

Total surgical cases per year _____

Number of operating days per week _____

Number of outpatient clinic for spine disease per week _____

Number of clinical conferences per month. _____

Does the service formally discuss collectively the indications in surgical cases prospectively in clinical conference? Yes No

Does the service formally review the operated cases in clinical conference? Yes No

Does the center have a structured research activity? Yes No

Does the center participate to AOSpine research projects or Knowledge Fora activity? Please list

Does your department have a published fellowship curriculum? Yes No

What languages are available as a means of communication? English local

What is the average number of surgeries per week in the OR for the fellow? _____

Can a fellow scrub-in? Yes No

If yes, can a fellow assist surgery scrubbed-in? Yes No

If yes, does your center provide insurance coverage for the fellow? Yes No

Documents needed from the fellow to be able to scrub in _____

What is the average number of days per week in the outpatient clinic? _____

Is the fellow supposed to take part in emergency calls? Yes No

Is the fellow expected to perform research? Yes No

Do you have research resources available within your facility?

- Biomechanics lab Cellular lab Compliant internal database/registry
- Epidemiologist Statistician External compliant/registry
- Animal OR Library Other

Achievements (research and educational contributions) in the last three calendar years

Add amount and title or link of the contributions

Scientific publications

Presentations at international congresses

Presentations at national congresses

Chairperson role in educational events (preferably AO Spine Event)

Faculty role in international educational events (preferably AO Spine Event)

Faculty role in national educational events (preferably AO Spine Event)

Solicited talk

Please provide us with your official teaching program (university setting or official residency program in a spine related specialty).

ATTACHMENTS

Please enclose the following documents with your application

1. CV of program director
2. Photo of the center
3. Photo of the program director

Confirmation

I am submitting this application form to become a member of the AOSpine Europe and Southern Africa Spine Centers network on the understanding that the information registered is a fair and honest reflection of the department and its policies.

By inserting the date and submitting this form, I confirm that upon joining the network we will fully comply with the AO Spine Europe and Southern Africa Spine Centers network guidelines, terms and conditions.

Date (DD/MM/YYYY) ____/____/____

PLEASE SUBMIT THIS FORM AND DOCUMENTS BY CLICKING THIS BLUE BUTTON TO:

AO Spine Europe and Southern Africa Spine Center & Fellowships
fellowshipseu@aospine.org

AO Spine Europe and Southern Africa

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