



**SPINE**

Middle East and Northern Africa

**Please complete this form using  
Adobe Reader or Adobe Acrobat**

# Spine Center Application

## CONTACT DETAILS

Name of center \_\_\_\_\_

Address of center \_\_\_\_\_

Postcode \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Website address \_\_\_\_\_

Program Director

Name \_\_\_\_\_ Title \_\_\_\_\_

Spine team (names of fulltime and fully trained spine surgeons)

AOSpine member

Name 1 \_\_\_\_\_

Yes  No

Name 2 \_\_\_\_\_

Yes  No

Name 3 \_\_\_\_\_

Yes  No

Name 4 \_\_\_\_\_

Yes  No

Name 5 \_\_\_\_\_

Yes  No

Name 6 \_\_\_\_\_

Yes  No

Type of institution

Private

Public

University

Neuro

Orthopedic



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. 12 weeks)

Languages spoken \_\_\_\_\_

Start 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 AOSpine 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

**How many research and educational contributions did you achieve in 2018?**

Add amount and link or name of last year's contributions

Scientific publications

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Presentations at international congresses

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Presentations at national congresses

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Chairperson role in educational events

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Faculty role in international educational events

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Faculty role in national educational events

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Solicited talk

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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 Middle East and Northern 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 AOSpine Middle East and Northern Africa Spine Centers network guidelines, terms and conditions.

Date (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

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

AOSpine Middle East and Northern Africa Spine Center & Fellowships  
fellowshipsme@aospine.org

AO Spine Middle East and Northern Africa

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