

## Fellowship Site Funding Award Application for Academic Terms 2019/20 and 2020/21

1. Institution			
Institution:			
Department:			
Address:			
Program Director (name):			
Title:	Neurosurgeon <input type="checkbox"/>	Orthopaedic Surgeon <input type="checkbox"/>	
AOSpine Member #:	Board Certified <input type="checkbox"/>		
Duration of Membership:			
Summary of AOSpine activities:			
2. Site Information			
How many years have you had a post-residency Spine fellowship?			
How many concurrent post-residency Spine Fellows do you usually have?			
Is your spine program receiving commercial fellowship grant support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
List all hospitals participating in fellowship program: (please list below)			
<u>Hospital Name:</u>	<u>Address:</u>		





**Fellowship Site Funding Award  
Application for Academic Terms 2019/20 and 2020/21**

<u>Summary of AOSpine activities:</u>		
---------------------------------------	--	--

<u>Name:</u>	<u>AOSpine Member #:</u>	<u>Board Certified:</u> <input type="checkbox"/>
--------------	--------------------------	--

<u>Summary of AOSpine activities:</u>		
---------------------------------------	--	--

<u>Name:</u>	<u>AOSpine Member #:</u>	<u>Board Certified:</u> <input type="checkbox"/>
--------------	--------------------------	--

<u>Summary of AOSpine activities:</u>		
---------------------------------------	--	--

<u>Name:</u>	<u>AOSpine Member #:</u>	<u>Board Certified:</u> <input type="checkbox"/>
--------------	--------------------------	--

<u>Summary of AOSpine activities:</u>		
---------------------------------------	--	--

<b>4. Fellow Experience</b>	
-----------------------------	--

Average number of days / week spent in OR:	
--	--

Average number of days / week spent in Outpatient Clinic:	
---	--

Average number of surgical cases each fellow participates in per annum:	
---	--

Type of surgical practice (estimate percentage distribution below):	
---	--

Adult degenerative	%
--------------------	---

Adult deformity	%
-----------------	---

Trauma	%
--------	---

Neoplasia and Infection	%
-------------------------	---

## Fellowship Site Funding Award Application for Academic Terms 2019/20 and 2020/21

Pediatric Deformity	%	
Number of calls / month:		
Is intended Spine Fellowship recipient expected to take general Orthopaedic / Neurosurgical Call?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a Spine fellow not complete the duration of his/her Fellowship?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, please explain:		
Do you have a formalized performance review process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your Spine program RRC/ACGME approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you allow your fellow to attend the AOSNA Introductory Fellowship Course, Annual Fellows Forum and other AOSNA sponsored events/courses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you or a partner be willing to accompany your fellow to the AOSNA Annual Fellows Forum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Fellowship Site Funding Award  
Application for Academic Terms 2019/20 and 2020/21

<b>5. Research:</b>		
Do you expect your spine fellow to perform research?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What research resources are available within your facility? (please check all that apply below)		
Biomechanics lab <input type="checkbox"/>	Cellular lab <input type="checkbox"/>	Epidemiologist <input type="checkbox"/>
HIPAA compliant database <input type="checkbox"/>	Statistician <input type="checkbox"/>	Animal OR <input type="checkbox"/>
Do you have research support staff for spine projects available at your Institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Protected research time (average days per month):		
Please list any research grants your institution has received in the past 2 years:		
Please list your institution's <b><u>spine-related</u></b> publications in past 2 years (highlight fellows who were co-authors):		



Fellowship Site Funding Award  
Application for Academic Terms 2019/20 and 2020/21

Please list any book chapters within the past 2 years (highlight fellows who were co-authors):

Please list any spine-related presentations at meetings within the past 2 years (highlight fellows who were co-authors):



Fellowship Site Funding Award  
Application for Academic Terms 2019/20 and 2020/21

Please list the monthly fellow conference schedule (title and duration):

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>



Fellowship Site Funding Award  
Application for Academic Terms 2019/20 and 2020/21

<b>SIGNATURE:</b>	
<b>TITLE:</b>	<b>DATE:</b>

**Application Deadline: December 1, 2018**

Please e-mail the application form to:  
Chi Lam  
Project Manager  
AOSpine North America  
E-mail: [clam@aospine.org](mailto:clam@aospine.org)