



Global Diploma Training Program Application Form

All fields are required

First Name

Last Name

City and country where applicant
currently resides

Specialty (Ortho, neuro, trauma)

Date of birth (dd/mm/yy)

Year of Medical School graduation

Name of Hospital/Institution

Address line 1

Address line 2

City

Country

Postcode/ZIP

Telephone (personal)

Email address (preferred)

When and where did you complete
your orthopedic, neurosurgery or
trauma specialty training?

Did you complete any specialty
training in spine surgery?
If so, when and where?

What professional position(s)/
academic position(s) (including title
and institution) do you currently hold?

Declaration

I, the undersigned, declare that:

- I confirm that I have graduated from a orthopedic or neuro-surgery training recently
- I confirm that the information contained in this application is true and accurate
- I confirm that I have read and understood the terms and conditions of the Global Diploma Training Program on the AO Spine website (<http://www.aospine.org/gdtp>)

Date

Signature

Your form will ask to be saved once you have entered your digital signature.
Once saved, you can print and then send your form to us.

If you have any questions, please contact us at globalspinediploma@aospine.org